

State of Hawaii
Department of Health
Alcohol and Drug Abuse Division
Community and Consultative Services Branch

Request for Proposals

RFP No. 440-1 Adult Substance Abuse Treatment Services

December 8, 2004

Note: If this RFP was downloaded from the State Procurement Office RFP Website each applicant **must provide contact information** to the RFP contact person for this RFP to be notified of any changes. For your convenience, an [RFP Interest form](#) may be downloaded to your computer, completed and e-mailed or faxed to the RFP contact person. The State shall not be responsible for any missing addenda, attachments or other information regarding the RFP if a proposal is submitted from an incomplete RFP.

**DEPARTMENT OF HEALTH
ALCOHOL AND DRUG ABUSE DIVISION
SUBSTANCE ABUSE TREATMENT SERVICES HTH 440-1-1**

The Department of Health, Alcohol and Drug Abuse Division is requesting proposals from qualified applicants to provide intensive outpatient, outpatient and therapeutic living program services to adults statewide as described in Section 2 of this Request for Proposals (RFP).

I. FUNDING:	<u>TOTAL AMOUNT</u> \$2,060,025	<u>FISCAL YEAR</u> NTP 2005 to March 31, 2006
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II. CONTRACT TERM:
Contracts will commence from the State's Notice to Proceed (NTP), and extend through March 31, 2006. Multiple contracts may be awarded under this RFP.

III. Application Deadline
Proposals must be postmarked before 12:00 midnight, January 31, 2005, or hand delivered by 4:00 PM, Hawaii Standard Time (HST), January 31, 2005, at the drop site designated on the following page.
Proposals postmarked after 12:00 midnight on January 31, 2005, or hand delivered after 4:00 PM, HST, on January 31, 2005, **will not be accepted** for review and will be returned to the applicant.

IV. APPLICANT ORIENTATION TO RFP:

Date: Thursday, December, 16 2004
Time: 12:30 p.m. to 3:00 p.m. (HST)
Location: The following videoconference sites on the islands of Oahu, Hawaii, Maui, Kauai, Molokai and Lanai:

OAHU: University of Hawaii at Manoa – Kuykendall Hall, Room 201 (seating capacity: 48)

HILO: University of Hawaii at Hilo – Media Services Room 350 (seating capacity: 36)

MAUI: Maui Community College –Ka'aike Room 105 A (seating capacity: 20)

KAUAI: Kauai Community College - Learning Resource Center, Room 121 (seating capacity: 10)

MOLOKAI: MCC Molokai Education Center – Room 103 (seating capacity: 8)

LANAI: Lanai Educational Center – HITS Room (seating capacity: 4)

V. QUESTIONS:
Written questions shall be submitted to the contact person below. Written question submission must be received at ADAD by 4:00 p.m. December 17, 2004, if mailed. Written questions may also be emailed or faxed by the same deadline. All written questions will receive a written response from the State that will be emailed or faxed to the designated contact for your agency on December 20-24, 2004.

VI. CONTACT PERSON FOR INQUIRIES:

Margaret Tom
Alcohol and Drug Abuse Division
601 Kamokila Boulevard, Room 360
Kapolei, Hawai'i 96707

E-mail: mftom@mail.health.state.hi.us

ADAD Fax (808) 692-7521

DEPARTMENT OF HEALTH, ALCOHOL AND DRUG ABUSE DIVISION
COMMUNITY AND CONSULTATIVE SERVICES BRANCH
PROPOSAL MAIL-IN AND DELIVERY INFORMATION SHEET

IMPORTANT INFORMATION

**NUMBER OF COPIES TO BE SUBMITTED: ONE ORIGINAL AND FOUR COPIES OF
THE PROPOSAL ARE REQUIRED**

**ALL MAIL-INS MUST BE POSTMARKED BY UNITED STATES POSTAL SERVICE (USPS)
BEFORE 12:00 MIDNIGHT**

January 31, 2005

**ALL HAND DELIVERIES WILL BE ACCEPTED AT THE FOLLOWING SITE
UNTIL**

4:00 P.M., Hawaii Standard Time (HST) January 31, 2005.

All Mail-ins and Hand Deliveries

Department of Health
Alcohol and Drug Abuse Division
601 Kamokila Boulevard, Room 360
Kapolei, Hawaii 96707

RFP Coordinator

Lilia Calivo, Secretary
Alcohol and Drug Abuse Division
Community & Consultative Services Branch
Phone: (808) 692-7522

ADDENDA:

Any changes to the RFP will be emailed and/or faxed to the designated contact person for your agency. Identify the designated contact person for your agency to the ADAD RFP Coordinator at the time the RFP packet is picked up or mailed from the ADAD office. If the RFP is downloaded via the State Procurement Office website, each applicant agency must notify ADAD of their interest to respond to this RFP by notifying the RFP Coordinator, Lilia Calivo, at (808) 692-7522 and providing their contact information. The RFP Interest Form on the SPO website may be used for this purpose.

BE ADVISED: All mail-ins postmarked by USPS after **January 31, 2005**, will be rejected.
Hand deliveries will **not** be accepted after **4:00 p.m., HST, January 31, 2005**.
Deliveries by private mail services such as FEDEX shall be considered hand deliveries and will not be accepted if received after
4:00 p.m., HST, January 31, 2005.

STATE PROCUREMENT OFFICE (SPO)

Health and Human Service Website Reference

(Documents and Information about Planning, Procurement, and Contracting
For Health and Human Services, Pursuant to Chapter 103F, HRS)

<http://www.spo.hawaii.gov>

Click on *Procurement of Health and Human Services, Chapter 103F, HRS*

This is a listing of SPO's documents and other information provided at this website.

Contact

Should you have any questions, please contact:

Mara Smith at 808.587.4704 or mara.smith@hawaii.gov

Application of Chapter 103F, HRS, Purchases of Health and Human Services

Chapter 103F applies to all contracts made by State Agencies to provide health and human services to Hawaii Residents.

Definition of Health and Human Services

Services to communities, families, or individuals which are intended to maintain or improve health or social well-being through methods including, but not limited to:

- a) Assessment, treatment, diagnosis, prevention, and education services provided directly to a targeted clientele; or
- b) Insurance coverage for assessment, treatment, diagnosis, prevention, and education services to be provided to a targeted clientele.

Purpose

- To improve the State's process of disbursing funds for health and human services by providing a single public procurement policy. These improvements have resulted in a standardized procurement process for both the State and private providers to use.
- To optimize information-sharing, planning and service delivery efforts. Limited resources can be used more efficiently and cost effectively, thereby allowing more time and attention on planning and delivery of services.

SPO mailing address:
State Procurement Office
1151 Punchbowl St., #230A
Honolulu, HI 96813
Fax: 808.587.4703

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C.	Description of the Target Population to be Served
D.	Geographic Coverage of Service
E.	Probable Funding Amounts, Source, and Period of Availability
II.	General Requirements
A.	Specific Qualifications or Requirements
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Section 1

Administrative Overview

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Section 1

Administrative Overview

Applicants are encouraged to read each section of the RFP thoroughly. While sections such as the administrative overview may appear similar among RFPs, state purchasing agencies may add additional information as applicable. It is the responsibility of the applicant to understand the requirements of *each* RFP.

Additional information applicable to the Alcohol and Drug Abuse Division's (ADAD) RFP will be found in italics in a text box like this.

I. Authority

This RFP is issued under the provisions of the Hawaii Revised Statutes (HRS), Chapter 103F and its administrative rules. All prospective applicants are charged with presumptive knowledge of all requirements of the cited authorities. Submission of a valid executed proposal by any prospective applicant shall constitute admission of such knowledge on the part of such prospective applicant.

II. RFP Organization

This RFP is organized into five sections:

Section 1, Administrative Overview--Provides applicants with an overview of the procurement process.

Section 2, Service Specifications--Provides applicants with a general description of the tasks to be performed, delineates applicant responsibilities, and defines deliverables (as applicable).

Section 3, Proposal Application Instructions--Describes the required format and content for the proposal application.

Section 4, Proposal Evaluation--Describes how proposals will be evaluated by the state purchasing agency.

Section 5, Attachments --Provides applicants with information and forms necessary to complete the application.

III. Contracting Office

The Contracting Office is responsible for overseeing the contract(s) resulting from this RFP, including system operations, fiscal agent operations, and monitoring and assessing provider performance. The Contracting Office is:

Alcohol & Drug Abuse Division

Department of Health

601 Kamokila Blvd., Room 360

Kapolei, Hawaii 96707

Phone (808) 692-7522 Fax: (808) 692-7521

IV. Procurement Timetable

Note that the procurement timetable represents the State's best estimated schedule. Contract start dates may be subject to the issuance of a notice to proceed.

Activity	Scheduled Date
Public notice announcing RFP	December 8, 2004
Distribution of RFP (pick-up at ADAD or mailed-out by ADAD)	Dec. 8, 2004-Jan. 28, 2005
Distribution of RFP on SPO website	Dec. 8 – Jan. 31, 2005
RFP orientation session	December 16, 2004
Closing date for submission of written questions for written responses	December 17, 2004
State purchasing agency's response to applicants' written questions	Dec. 20-24, 2004
Discussions with applicant prior to proposal submittal deadline (opt)	Dec. 8, 2004-Jan 28, 2005
Proposal submittal deadline	January 31, 2005
Discussions with applicant after proposal submittal deadline (optional)	Feb. 1 – Feb. 7, 2005
Final revised proposals (optional)	February 14, 2005
Proposal evaluation period	February 2005
Provider selection	February-March 2005
Notice of statement of findings and decision	February-March 2005
Contract start date - from Notice To Proceed (NTP)	May 1, 2005 or upon Notice to Proceed

V. Orientation

An orientation for applicants in reference to the request for proposals will be held as follows:

Date: December 16, 2004 **Time:** 12:30 PM to 3:00 PM

Location: Videoconference Sites on all islands – see listing on page i.

Applicants are encouraged to submit written questions prior to the orientation. Impromptu questions will be permitted at the orientation and spontaneous answers provided at the state purchasing agency's discretion. However, answers provided at the orientation are only intended as general direction and may not represent the state purchasing agency's position. Formal official responses will be provided in writing. To ensure a written response, any oral questions should be submitted in writing following the close of the orientation, but no later than the submittal deadline for written questions indicated in the next paragraph (VI. Submission of Questions).

VI. Submission of Questions

Applicants may submit questions to the RFP Contact Person identified in Section 2 of this RFP. All written questions will receive a written response from the state purchasing agency.

Deadline for the receipt of written questions:

Date: December 17, 2004 **Time:** Received by mail or hand delivered to ADAD by **4:00 PM**, or emailed or faxed before **12 midnight, 12/17/04**

State agency responses to applicant written questions will be faxed or emailed to the designated contact person for your agency or postmarked by:

Date: December 20 -24, 2004

Verbal questions receiving a verbal response may be directed to the Contact Person(s) identified in Section 2 of this RFP up until the deadline for submittal of the RFP.

VII. Submission of Proposals

A. Forms/Formats – Forms, with the exception of program specific requirements, may be found on the State Procurement Office website at: www.spo.hawaii.gov, click *Procurement of Health and Human Services* and *For Private Providers*. Refer to the Proposal Application Checklist for the location of program specific forms.

- 1. Proposal Application Identification (Form SPO-H-200)** – Provides identification of the proposal.
- 2. Proposal Application Checklist** – Provides applicants with information on where to obtain the required forms; information on program specific requirements; which forms are required and the order in which all components should be assembled and submitted to the state purchasing agency.
- 3. Table of Contents** – A sample table of contents for proposals is located in Section 5, Attachments. This is a sample and meant as a guide. The table of contents may vary depending on the RFP.
- 4. Proposal Application (Form SPO-H-200A)** – Applicant shall submit comprehensive narratives that addresses all of the issues contained in the Proposal Application Instructions, including a cost proposal/budget if required. (Refer to Section 3 of this RFP.)

5. **Registration Form (SPO-H-100A)** – If applicant is not registered with the State Procurement Office (business status), this form must be submitted with the application. If applicant is unsure as to their registration status, they may check the State Procurement Office website at:
<http://www.spo.hawaii.gov>, click *Procurement of Health and Human Services*, and *For Private Providers and Provider Lists...The List of Registered Private Providers for Use with the Competitive Method of Procurement* or call the State Procurement Office at (808) 587-4706.
6. **Tax Clearance** – A certified copy of a current valid tax clearance certificate issued by the State of Hawaii, Department of Taxation (DOTAX) and the Internal Revenue Service (IRS) will be required either at the time of proposal submittal or upon notice of award at the discretion of the purchasing agency.

The tax clearance application may be obtained from the Department of Taxation website at
www.hawaii.gov/tax/tax.html.

- B. **Program Specific Requirements** – Additional program specific requirements are included in Sections 2 and/or 3, Service Specifications and the Proposal Application Instructions, as applicable. If Federal and/or State certifications are required, they are listed on the Proposal Application Checklist.
- C. **Multiple or Alternate Proposals** - Multiple or alternate proposals shall **not** be accepted unless specifically provided for in Section 2 of this RFP. In the event alternate proposals are not accepted and an applicant submits alternate proposals, but clearly indicates a primary proposal, it shall be considered for award as though it were the only proposal submitted by the applicant.
- D. **Proposal Submittal** – Proposals must be postmarked by USPS or hand delivered by the date and time designated on the Proposal Mail-In and Delivery Information Sheet attached to this RFP. Any proposal post-marked or received after the designated date and time shall be rejected. Note that postmarks must be by United States Postal Service or they will be considered hand-delivered and shall be rejected if late. The number of copies required is located on the Proposal Mail-In and Delivery Information Sheet.

<i>Faxed proposals and/or submissions of proposals on diskette/cd or transmission by e-mail or other electronic means are not permitted.</i>
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For those applicants applying for more than one sub-category, a separate proposal for each sub-category shall be submitted.

- E. Wages and Labor Law Compliance** – Before a provider enters into a service contract in excess of \$25,000, the provider shall certify that it complies with section 103-55, HRS, Wages, hours, and working conditions of employees of contractors performing services. Section 103-55, HRS may be obtained from the Hawaii State Legislature website at <http://www.capitol.hawaii.gov/>. Or go directly to: http://www.capitol.hawaii.gov/hrscurrent/Vol02_Ch0046-0115/HRS0103/HRS_0103-0055.htm
- F. Confidential Information** – If an applicant believes any portion of a proposal contains information that should be withheld as confidential, the applicant shall request in writing nondisclosure of designated proprietary data to be confidential and provide justification to support confidentiality. Such data shall accompany the proposal, be clearly marked, and shall be readily separable from the proposal to facilitate eventual public inspection of the non-confidential sections of the proposal.

Note that price is not considered confidential and will not be withheld.

VIII. Discussions with Applicants

- A. Prior to Submittal Deadline.** Discussions may be conducted with potential applicants to promote understanding of the purchasing agency's requirements.
- B. After Proposal Submittal Deadline** – Discussions may be conducted with applicants whose proposals are determined to be reasonably susceptible of being selected for award, but proposals may be accepted without discussions, in accordance section 3-143-403, HAR.

IX. Opening of Proposals

Upon receipt of proposal by a state purchasing agency at a designated location, proposals, modifications to proposals, and withdrawals of proposals shall be date-stamped, and when possible, time-stamped. All documents so received shall be held in a secure place by the state purchasing agency and not examined for evaluation purposes until the submittal deadline.

Procurement files shall be open to public inspection after a contract has been awarded and executed by all parties.

X. Additional Materials and Documentation

Upon request from the state purchasing agency, each applicant shall submit any additional materials and documentation reasonably required by the state purchasing agency in its evaluation of the proposals.

XI. RFP Amendments

The State reserves the right to amend this RFP at any time prior to the closing date for the final revised proposals.

Any changes to the RFP will be emailed and/or faxed to the designated contact person for your agency. Agencies' identify the contact person for their agency to the ADAD RFP Coordinator at the time the RFP packet is picked up or mailed from the ADAD office. If the RFP is downloaded via the State Procurement Office website, each applicant agency must notify ADAD of their interest to respond to this RFP by notifying the RFP Coordinator, Lilia Calivo, at (808) 692-7522 and providing their contact information. The RFP Interest Form on the SPO website may be used for this purpose.

XII. Final Revised Proposals

The applicant's final revised proposal, *as applicable* to this RFP, must be postmarked or hand delivered by the date and time specified by the state purchasing agency. Any final revised proposal post-marked or received after the designated date and time shall be rejected. If a final revised proposal is not submitted, the previous submittal shall be construed as their best and final offer/proposal. *The applicant shall submit **only** the section(s) of the proposal that are amended, along with the Proposal Application Identification Form (SPO-H-200).* After final revised proposals are received, final evaluations will be conducted for an award.

XIII. Cancellation of Request for Proposal

The request for proposal may be canceled and any or all proposals may be rejected in whole or in part, when it is determined to be in the best interests of the State.

XIV. Costs for Proposal Preparation

Any costs incurred by applicants in preparing or submitting a proposal are the applicants' sole responsibility.

XV. Provider Participation in Planning

Provider participation in a state purchasing agency's efforts to plan for or to purchase health and human services prior to the state purchasing agency's release of a request for proposals, including the sharing of information on community needs, best practices, and providers' resources, shall not disqualify providers from submitting proposals if conducted in accordance with sections 3-142-202, 3-142-203 and 3-143-618 of the Hawaii Administrative Rules for Chapter 103F, HRS.

XVI. Rejection of Proposals

The State reserves the right to consider as acceptable only those proposals submitted in accordance with all requirements set forth in this RFP and which demonstrate an understanding of the problems involved and comply with the service specifications. Any proposal offering any other set of terms and conditions contradictory to those included in this RFP may be rejected without further notice.

A proposal may be automatically rejected for any one or more of the following reasons: (Relevant sections of the Hawaii Administrative Rules for Chapter 103F, HRS, are parenthesized)

- (1) Rejection for failure to cooperate or deal in good faith.
(Section 3-141-201, HAR)
- (2) Rejection for inadequate accounting system. (Section 3-141-202, HAR)
- (3) Late proposals (Section 3-143-603, HAR)
- (4) Inadequate response to request for proposals (Section 3-143-609, HAR)
- (5) Proposal not responsive (Section 3-143-610 (1), HAR)
- (6) Applicant not responsible (Section 3-143-610 (2), HAR)

XVII. Notice of Award

A statement of findings and decision shall be provided to all applicants by mail upon completion of the evaluation of competitive purchase of service proposals.

Any agreement arising out of this solicitation is subject to the approval of the Department of the Attorney General as to form, and to all further approvals, including the approval of the Governor, required by statute, regulation, rule, order or other directive.

No work is to be undertaken by the awardee prior to the contract commencement date. The State of Hawaii is not liable for any costs incurred prior to the official starting date.

XVIII. Protests

Any applicant may file a protest against the awarding of the contract. The Notice of Protest form, SPO-H-801, is available on the SPO website (see the Proposal Application Checklist in Section 5 of this RFP. Only the following matters may be protested:

- (1) A state purchasing agency's failure to follow procedures established by Chapter 103F of the Hawaii Revised Statutes;
- (2) A state purchasing agency's failure to follow any rule established by Chapter 103F of the Hawaii Revised Statutes; and
- (3) A state purchasing agency's failure to follow any procedure, requirement, or evaluation criterion in a request for proposals issued by the state purchasing agency.

The Notice of Protest shall be mailed by USPS or hand delivered to the head of the state purchasing agency conducting the protested procurement and the procurement officer who is conducting the procurement (as indicated below) within five working days of the postmark of the Notice of Findings and Decision sent to the protestor. Delivery services other than USPS shall be considered hand deliveries and considered submitted on the date of actual receipt by the state purchasing agency.

Head of State Purchasing Agency	Procurement Officer
Name: Chiyome L. Fukino, M.D.	Name: Ann Kinningham
Title: Director of Health	Title: Chief, Administrative Services Office
Mailing Address: P.O. Box 3378 Honolulu, HI 96801	Mailing Address: P.O. Box 3378 Honolulu, HI 96801
Business Address: 1250 Punchbowl St Honolulu, HI 96813	Business Address: 1250 Punchbowl St. Honolulu, HI 96813

XIX. Availability of Funds

The award of a contract and any allowed renewal or extension thereof, is subject to allotments made by the Director of Finance, State of Hawaii, pursuant to Chapter 37, HRS, and subject to the availability of State and/or Federal funds.

XX. Monitoring and Evaluation

The criteria by which the performance of the contract will be monitored and evaluated are:

(1) Performance/Outcome Measures

For example, did the contractor satisfactorily meet its short-term outcomes and/or performance objectives as indicated by the quarterly/annual report and effectiveness of client treatment received as measured by variance data in the Year End Report?

(2) Output Measures

For example, did the contractor satisfactorily meet its output measures, i.e., did the contractor fully utilize the contract amount?

(3) Quality of Care/Quality of Services

For example, did the contractor meet established standards for quality of care or delivery of services as delineated in the Scope of Services and as evaluated through the contract monitoring report and their Corrective Action Plan (CAP)?

(4) Financial Management

For example, did the contractor expend funds in accordance with the Generally Accepted Accounting Principles (GAAP) and have an adequate internal control system? Did the contractor submit the required fiscal reports and responses to any Corrective Action Plan (CAP) in a timely manner?

(5) Administrative Requirements

For example, does the contractor have sound administrative policies and procedures as evaluated by the Policy and Procedure section of the contract monitoring report?

XXI. General and Special Conditions of Contract

The general conditions that will be imposed contractually are on the SPO website. (See Section 5, Proposal Application Checklist for the address). Special conditions may also be imposed contractually by the state purchasing agency, as deemed necessary.

The Alcohol and Drug Abuse Division may also be required to make small or major modifications to individual contracts that it is unable to anticipate now. Reasons for such modifications may include, but not be limited to, Federal Health Insurance Portability and Accountability Act (HIPAA) regulations, Substance Abuse Prevention and Treatment (SAPT) Federal Block Grant requirements, and best practices for substance abuse treatment.

XXII. Cost Principles

In order to promote uniform purchasing practices among state purchasing agencies procuring health and human services under Chapter 103F, HRS, state purchasing agencies will utilize standard cost principles outlined in Form SPO-H-201 which is available on the SPO website (see section 5, the Proposal Application Checklist). Nothing in this section shall be construed to create an exemption from any cost principle arising under federal law.

Section 2

Service Specifications

Adult Substance Abuse Treatment Services Statewide (Intensive Outpatient and Outpatient Modalities)	2-1
Adult Substance Abuse Therapeutic Living Program Services Statewide.....	2-20
Adult Substance Abuse Treatment Services on Lanai (Intensive Outpatient and Outpatient Modalities)	2-37

General Format for Service Specifications:

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 - F. Overview, Purpose or Need
 - G. Description of the Goals of the Service
 - H. Description of the Target Population to be Served
 - I. Geographic Coverage of Service
 - J. Probable Funding Amounts, Source, and Period of Availability
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 - N. Single or Multiple Contracts to be Awarded
 - O. Single or Multi-Term Contracts to be Awarded
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Service Specifications for Adult Substance Abuse Treatment Services Statewide

I. Introduction

A. Overview, purpose or need

The mission of the Alcohol and Drug Abuse Division is to provide the leadership necessary for the development and delivery of quality substance abuse prevention, intervention and treatment services for the residents of the State of Hawaii. The Division will plan, coordinate, provide technical assistance, and establish mechanisms for training, data collection, research and evaluation to ensure that statewide substance abuse resources are utilized in the most effective and efficient manner possible.

Substance abuse services are mandated by **Chapter 321, HRS** which charges the Department of Health with the responsibility of coordinating all substance abuse programs including rehabilitation, treatment, education, research and prevention activities and **Chapter 334, HRS** which requires that the State provide a “comprehensive mental health system utilizing public and private resources to reduce the incidence of mental or emotional disorders and substance abuse....”

ADAD’s goal is to prevent or reduce the severity and disabling effects related to alcohol and other drug use, abuse and dependence by assuring an effective, accessible public and private community-based system of prevention strategies and treatment services designed to empower individuals and communities to make health-enhancing choices regarding the use of alcohol and other drugs.

ADAD is also the designated single state agency to apply for and expend federal substance abuse funds administered under **P.L. 102-321**, the federal **Substance Abuse Prevention and Treatment Block Grant**.

Planning activities related to this Request For Proposal (RFP) included analysis of the following needs assessment surveys: 1) The Hawaii 1998 Adult Household Survey; 2) The 2000 Hawaii Student Alcohol and Drug Use Survey; 3) The 1996 Blind Study Of Substance Abuse And Need For Treatment Among Women Of Childbearing Age In Hawaii; and 4) The 1996 Hawaii Study Of Substance Abuse And Need For Treatment Among New Arrestees, and ongoing monthly discussions with non-profit substance abuse providers.

The Alcohol and Drug Abuse Division conducted a household survey of adults across the State in 1998. This survey incorporated criteria for abuse and dependence

from the DSM-III-R into the survey instrument as a means of arriving at how many adults might need substance abuse treatment. The findings reported by county are as follows:

Estimate of Dependence and Abuse (Needing Treatment) – 1998					
	Total	County			
		Hawaii	Honolulu	Kauai	Maui
Population (18 Years and Over)	895,414	99,941	668,524	41,304	85,645
Percent Needing Treatment for Alcohol Only	7.70%	9.69%	7.37%	5.96%	8.75%
Total Needing Treatment for Alcohol Only	68,926	9,682	49,285	2,463	7,496
Percent Needing Treatment for Drugs Only	1.56%	2.50%	1.25%	1.93%	2.72%
Total Needing Treatment for Drugs Only	13,954	2,494	8,338	796	2,326
Percent Needing Treatment for Both Alcohol and Drugs	0.76%	0.99%	0.73%	0.76%	0.76%
Total Needing Treatment for Both Alcohol and Drugs	6,839	987	4,889	312	650
Percent Needing Treatment for Alcohol and/or Drugs	9.26%	12.18%	8.62%	7.89%	11.47%
Total Needing Treatment for Alcohol and/or Drugs	82,880	12,176	57,623	3,259	9,822

* Numbers may not sum due to rounding and weighting.

These data indicate that the need for substance abuse treatment exists throughout the four counties of the State. Although the largest number of persons needing substance abuse treatment live in the City and County of Honolulu, other, smaller counties, require core treatment services. These data further suggest that alcohol remains the primary substance of abuse. However, substantial numbers of persons exhibit addiction to both alcohol and other drugs.

The purpose of this RFP is to provide a continuum of adult substance abuse treatment services statewide.

B. Description of the goals of the service

The goal of the requested service is to reduce the severity and disabling effects related to alcohol and other drug use by making a continuum of service modalities available statewide to individuals and families with alcohol and other drug

problems. The modalities to be provided under this RFP include intensive outpatient and outpatient substance abuse treatment services.

C. Description of the target population to be served

The target population includes adults who meet the **DSM IV** criteria for substance abuse or dependence. **Priority for treatment shall be given to women of child bearing age, pregnant women, parents with young children in the home and Native Hawaiians.** All clients in any level of treatment shall meet the most current version of the American Society for Addictive Medicine Patient Placement Criteria (**ASAM PPC**) for admission, continuance, and discharge. Clients funded by ADAD must meet financial eligibility requirements. The income of clients eligible for treatment cannot exceed three hundred percent (300%) of the poverty level for Hawaii as defined by current Federal Poverty Level Standards.

D. Geographic coverage of service

Service areas for this RFP consist of the Islands of Hawaii, Kauai, Oahu, Maui, and Molokai. The APPLICANT may apply in any one or more of these areas. However, the APPLICANT shall demonstrate actual capacity to provide the required services in the service areas for which it is applying.

E. Probable funding amounts, source, and period of availability

Total Funding:	*FY 2005: \$863,650 consisting of General Funds
	*FY 2006: \$863,650 consisting of General Funds
	*FY 2007: \$863,650 consisting of General Funds
	*FY 2008: \$863,650 consisting of General Funds
	*FY 2009: \$863,650 consisting of General Funds

***PENDING AVAILABILITY OF FUNDS.** Funding may only be available for one year. APPLICANTS must have a sustainability plan for year two if general funds are not available.

For-profit and non-profit organizations are eligible for State funds.

The APPLICANT shall spend one percent (1%) of the total contracted amount for tobacco cessation activities, and shall document such expenditures.

General Funds specified for an adult treatment continuum consisting of intensive outpatient, and outpatient treatment services.

Oahu: Suggested amount of \$629,601

Kauai: Suggested amount of \$40,591

Maui: Suggested amount of \$82,910

Hawaii: Suggested amount of \$103,638

Molokai: Suggested amount of \$6,910

NOTE:

1. The above funding amounts are based population figures from the State Data Book for adults 18 years and over, for the year 2002 (the latest available statistics). APPLICANTS' should apply for the funding amount shown for their island, or less, unless sufficient justification can be provided for an additional amount.
2. ADAD reserves the right to reallocate the above amounts to other ADAD-contracted agencies if, at any time after three (3) months into each fiscal year, there is either a monthly pattern of poor or low performance or underutilization of funds such that it appears the agency will not be able to expend all allocated funds by the end of each fiscal year. Funds may also be reallocated across geographical areas, if necessary. The criteria used for the reallocation of funds shall be the same as the basis for the initial allocation of funds as specified in Section 4, Proposal Evaluation.
3. A maximum of \$25,000 may be advanced for start-up costs for new programs, subject to approval by ADAD.
4. If an APPLICANT materially fails to comply with the terms and conditions of the contract, ADAD may, as appropriate under the circumstances:
 - a. Temporarily withhold payments pending correction of a deficiency or a non-submission of a report by the contractor.
 - b. Disallow all or part of the cost.
 - c. Suspend or terminate the contract.
5. The APPLICANT can submit to ADAD proposals for contract amendments or any changes affecting the scope of services, target population, time of performance, and total funds, but this must be approved in writing before changes can be made. Proposals shall be submitted no later than four (4) months prior to the end of the contract year, unless prior approval is given by ADAD.

6. In the event that additional funds become available for similar services, the DEPARTMENT reserves the right to increase funding amounts.

II. General Requirements

A. Specific requirements or qualifications, including but not limited to licensure or accreditation

1. The APPLICANT shall have licenses and certificates, as applicable, in accordance with federal, state and county regulations, and comply with all applicable **Hawaii Administrative Rules (HAR)**.
 - a. Residential programs, in accordance with **Title 11, Chapter 98, Special Treatment Facility**, must have a Special Treatment Facility license at the time of application and abide by applicable administrative rules governing accreditation of substance abuse programs.
 - b. Therapeutic Living programs must meet ADAD's **Therapeutic Living Program Requirements** as specified in Section 5, Attachment E-5, until applicable administrative rules are implemented by the DEPARTMENT.
 - c. All APPLICANTS shall comply with **Title 11, Chapter 175, Mental Health and Substance Abuse System**.
 - d. All APPLICANTS shall complete and submit the Drug Free Workplace Assurance and the Federal certifications in Section 5, Attachment D.
2. If the APPLICANT is awarded a contract, the APPLICANT will be required to arrange for a financial and compliance audit to be done and submitted to the DEPARTMENT as directed in accordance with **Government OMB Circular A-133** if the applicant expends \$500,000 or more in Federal funds in a year.
3. The APPLICANT shall comply with the Chapter 103F, HRS, **Cost Principles for Purchases of Health and Human Services** identified in SPO-H-201 (Effective 10/1/98), which can be found on the SPO Website (see Section 5, POS Proposal Checklist, for the website address).
4. The APPLICANT receiving advanced payment for services shall reconcile the amount of the advance by the end of the first quarter of the contract.
5. After contract execution, the APPLICANT shall submit a copy of its operating policies and procedures to the DEPARTMENT when requested. The copy is to be provided at the APPLICANT's expense.

6. The APPLICANT shall assign staff to attend provider meetings as scheduled by the DEPARTMENT.
7. All substance abuse records shall be kept confidential pursuant to **42 Code of Federal Regulations (42CFR), Part 2, Confidentiality of Alcohol and Drug Abuse Patient Records** and, if necessary, the APPLICANT shall resist in judicial proceedings any efforts to obtain access to patient records except as permitted by such regulations, and **Sec. 334-5, HRS, Confidentiality of Records**.
8. The APPLICANT shall adopt and implement a policy regarding Acquired Immune Deficiency Syndrome (AIDS) which states that it:
 - a. Does not discriminate against any client who has tested positive for antibodies against Human Immunodeficiency Virus (HIV) at admission or throughout participation.
 - b. Assures staff education on HIV and AIDS at least once per year.
 - c. Provides for AIDS education to all clients.
 - d. Maintains the confidentiality of any results of HIV antibody testing pursuant to **Sec. 325-101, HRS**.
 - e. Assures that any pre-test and post-test counseling shall be done only in accordance with the DEPARTMENT'S **HIV Counseling and Testing Guidelines**.
 - f. Administers an AIDS Risk Assessment as part of the treatment psycho/social evaluation and encourages high risk clients to have a blood test for HIV antibodies.
9. The APPLICANT shall adopt a policy regarding tuberculosis (TB) which states that it provides for TB education as appropriate.
10. The APPLICANT shall develop and maintain fiscal, statistical, and administrative records pertaining to services as specified by the DEPARTMENT.
11. The APPLICANT shall make an acknowledgment of the DEPARTMENT and ADAD as the APPLICANT'S program sponsor. This acknowledgment shall appear on all printed materials through the use of the DEPARTMENT'S logo.
12. The APPLICANT shall incorporate best practices/evidence-based practices in any substance abuse service. Best practices/evidence-based practices are defined as a body of contemporaneous empirical research findings that produce

the most efficacious outcomes for persons with substance abuse problems, has literature to support the practices, is supported by national consensus, has a system for implementing and maintaining program integrity, and conformance to professional standards. For best practices in specific areas of substance abuse, the APPLICANT may consult the Substance Abuse and Mental Health Services Administration's (SAMHSA) **Treatment Improvement Protocol Series (TIPS)**, the National Institute on Drug Abuse's (NIDA) **Principles of Drug Addiction Treatment**, and/or access website resources listed in **Attachment E-7, "Important Website Addresses."**

13. The APPLICANT shall have a mechanism for receiving, documenting and responding to consumer grievances, including and appeals process.
14. The APPLICANT shall have a written plan for disaster preparedness.

B. Secondary purchaser participation
(Refer to §3-143-608, HAR)

1. After-the-fact secondary purchases will be allowed.
2. Planned secondary purchases

None.

C. Multiple or alternate proposals
(Refer to §3-143-605, HAR)

☐ Allowed ☒ Unallowed

D. Single or multiple contracts to be awarded
(Refer to §3-143-206, HAR)

☐ Single ☒ Multiple ☐ Single & Multiple

Criteria for multiple awards:

The funding is for 5 geographic areas with priority for admission as outlined on page 2-3, C. "Description of the target population to be served." It is unlikely that one applicant will be able to initiate services in all 5 geographic areas by the start of the contract. The State needs the flexibility to award funding to more than one applicant. In the event that more than one APPLICANT'S proposal for a service meets the minimum requirements, the proposal will be reviewed in accordance with the following additional criteria in determining the funding allocations:

- Interest of the State to have a variety of treatment providers in order to provide choices for clients.
- Interest of the State to have geographic accessibility.

- Readiness to initiate or resume services.
- Interest of the State to have a variety of treatment providers in order to provide choices for clients.
- Ability to maximize QUEST funding, if possible.
- Proposed budget in relation to the proposed number of service recipients.
- If funded in the past by ADAD, ability of the APPLICANT to fully utilize funding.
- Previous ADAD contract compliance status (e.g. timely submittal of reports and corrective action plans.
- Accreditation status.
- APPLICANT'S past fiscal performance based on ADAD's fiscal monitoring.
- APPLICANT'S past program performance based on ADAD's program monitoring.

E. Single or multi-term contracts to be awarded
(Refer to §3-149-302, HAR)

☐ Single term (≤ 2 yrs) ☒ Multi-term (> 2 yrs.)

Contract terms:

<u>Initial term of contract:</u>	One (1) or two (2) years.
<u>Length of each extension:</u>	Contracts may be extended upon mutual agreement for up to two (2) additional twelve (12) month periods.
<u>Number of possible extensions:</u>	Two (2)
<u>Maximum length of contract:</u>	Four (4) years. The initial period shall commence on the contract start date or Notice to Proceed, whichever is later.
<u>Conditions for extension:</u>	Availability of funds, fiscal soundness of the APPLICANT and/or the APPLICANT's history with the Alcohol and Drug Abuse Division in providing services as specified in this RFP or similar services.

F. RFP contact person

The individual listed below is the sole point of contact from the date of release of this RFP until the selection of the successful provider or providers. Written questions should be submitted to the RFP contact person and received on or before the day and time specified in Section I, Item IV (Procurement Timetable) of this RFP.

Contact Person:	Margaret Tom at (808) 692-7522 Email: <i>mftom@mail.health.state.hi.us</i>
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III. Scope of Work

The scope of work encompasses the following tasks and responsibilities:

A. Service Activities

(Minimum and/or mandatory tasks and responsibilities)

1. The Adult Continuum of Substance Abuse Treatment Services modalities that are to be provided under this RFP are: Intensive Outpatient and Outpatient Treatment, as defined below. An APPLICANT shall provide the services requested for each geographic area as specified in I.D. and E. Refer to Section 5, Attachment E-1, **Substance Abuse Treatment Guidelines**, for the definitions of specific treatment activities and further clarification of the treatment standards.

- a. An **Intensive Outpatient Program** provides non-residential outpatient alcohol and/or other drug treatment services which usually operates for **at least three or more hours per day for three or more days per week**, in which the client participates in accordance with an approved Individualized Treatment Plan. Intensive outpatient services may include, but are not limited to: assessment, individual and group counseling, crisis intervention, occupational therapy, activity therapies, expressive therapies (art, drama, poetry, music, movement), referral and information, drug screening urinalysis, medication administration, medical services, case management services and nutrition counseling; however, the listed below must be provided.

Intensive Outpatient Programs shall include, but are not limited to, the following face-to-face activities: Assessment Services; Individual and Group Counseling Services; Crisis Intervention Services; and Activity therapies and/or alcoholism and other drug addiction client education.

The scheduling of a **one (1) hour per client per week session of individual counseling** is recommended.

- b. An **Outpatient Program** provides non-residential comprehensive specialized services on a scheduled basis for individuals with substance abuse problems. Professionally directed evaluation, treatment, case management, and recovery services are provided to clients with less problematic substance abuse related behavior than would be found in a residential or day treatment program.

Outpatient Programs consist of:

- Individual Counseling, which provides the utilization of special skills by a clinician to assist individuals and/or their families/significant others in achieving treatment objectives through the exploration of alcohol and other drug problems and/or addiction and their

ramifications, including an examination of attitudes and feelings, consideration of alternative solutions and decision making, and/or discussing didactic materials with regard to alcohol and other drug related problems.

- Group Counseling, which provides the utilization of special skills by a clinician to assist two or more individuals and/or their families/significant others in achieving treatment objectives through the exploration of alcohol and other drug problems and/or addiction and their ramifications, including an examination of attitudes and feelings, consideration of alternative solutions and decision making, and/or discussing didactic materials with regard to alcohol and other drug related problems.
- Family/Couple Counseling, which provides counseling for alcohol and/or drug treatment with a client's family members or significant others, typically delivered as a scheduled hourly event. In some instances, the client may not be present during these sessions.
- Skills Development, which provides activities to develop a range of skills to help maximize client community integration and independent living. Services may be provided in individual or group settings. They need not be scheduled events, but may be applied in the context of other normal activities, such as education or employment.
- Case Management, which provides services to assist and support clients in developing their skills to gain access to needed medical, social, educational and other services essential to meeting basic human services; linkages and training for the client served in the use of basic community resources; and monitoring of overall service delivery. This service is generally provided by staff whose primary function is case management.

An Outpatient Program regularly provides between **one (1) and eight (8) hours per client per week** of face-to-face treatment and **one (1) hour of scheduled individual counseling per client per month**. The scheduling of **one (1) hour per client per week of individual counseling** is recommended when clinically indicated.

2. Clients in any level of treatment shall meet the most current version of the American Society for Addictive Medicine Patient Placement Criteria (**ASAM PPC**) for admission, continuance, and discharge. The APPLICANT shall document in writing in the client's chart that ASAM criteria have been met.

3. Each part of the continuum shall include, as appropriate, the face-to-face activities which are defined in ADAD's **Substance Abuse Treatment Guidelines** found in Section 5, Attachment E-1.
4. The APPLICANT that provides Outpatient, Intensive Outpatient, and Residential levels of treatment shall develop and implement an appropriate transition plan for each client in the final phase of treatment prior to discharge. The plan shall address transition and recovery issues and relapse prevention.
5. All clients appropriate for transfer to a less restrictive level of service shall be referred for transfer as established in **Sec. 334-104, HRS**, Least Restrictive Level of Service.
6. Adult treatment programs shall administer the **Addiction Severity Index (ASI)** as part of the initial assessment and upon discharge to all clients admitted for treatment. Results of the **ASI** must be included in the Client Data System Admission form.
7. The APPLICANT shall comply with ADAD's **Wait List Management and Interim Services Policy and Procedures** as specified in Section 5, Attachment E-2.
8. The APPLICANT shall adopt and implement a policy on alcohol and other drug use (including psychotropic, mood stabilizing medication and methadone) while clients are in treatment. **Clients cannot be excluded solely on the basis of use of medically prescribed medication.**
9. The APPLICANT shall comply with **Sec. 1924(a) of Public Law (P.L.) 102-321**, which states that the program shall routinely make available tuberculosis (TB) services to all clients either directly or through arrangements with public or nonprofit agencies. If the program is unable to accept a person requesting services, the program shall refer the person to a provider of TB services. TB services shall include, but not be limited to, counseling; testing to determine whether the individual has contracted the disease and to determine the appropriate form of treatment; and treatment.
10. The program shall comply with the following sections of **P.L. 102-321** regarding treatment services for pregnant women and women with dependent children:
 - a. Pursuant to **Sec. 1922(c)(3)**, make available, either directly or through arrangements with other public or nonprofit agencies, prenatal care to women receiving services, and childcare while the women are receiving the services.
 - b. Pursuant to **Sec. 1927**, comply with the following requirements:

- 1) Give preference for admission to treatment to pregnant women who seek or are referred for and would benefit from treatment; and
 - 2) Advertise that pregnant women shall receive preference for treatment on any brochures or materials published by the agency.
11. The APPLICANT may use the “Partner Abuse and Sexual Assault Risk Assessment Guidelines” in Section 5, Attachment E-6 as a guideline in determining the extent to which female clients have unresolved issues of partner abuse and sexual assault, the extent to which more specialized treatment and referral is needed for these issues, and the extent to which these issues can be dealt with in the substance abuse treatment program. After decisions have been made regarding the recipients of awards, ADAD will meet individually or in groups with AWARDEES to discuss appropriate implementation of the intent of this assessment, including what questions to ask, when, by whom, and how the results may be used in order to assure that the assessment guideline is used with flexibility, sensitivity, and timeliness appropriate to the needs of each individual female client. Clients shall be assessed by appropriately trained staff.

B. Management Requirements (Minimum and/or mandatory requirements)

1. Personnel

1. The APPLICANT shall ensure that staff receive appropriate supervision including clinical supervision, and administrative direction.

Individuals performing the following function shall be Hawaii State certified substance abuse counselors (CSACs) pursuant to **321-193 (10), Hawaii Revised Statutes** (HRS), or hold an advanced degree in behavioral health sciences:

- Clinical supervision

CSACs and individuals who hold an advanced degree in behavioral health sciences preferably shall perform the following functions; however, non-CSACs or non-Masters level providers may be utilized as long as they are directly supervised* by a CSAC or Masters level counselor and are working toward certification:

- Clinical evaluation
- Treatment planning
- Individual, group, and family counseling

*Direct supervision means a minimum of one hour of supervision for every seven hours of performance. This involves teaching the supervisee about each core function of a substance abuse counselor, demonstrating how each core function is accomplished, the supervisee sitting in while the supervisor performs the function, the supervisee performing the function with the supervisor present, and, finally, the supervisee performing the function independently but with review and feedback from the supervisor. In addition, supervisees shall be required to attend ADAD-approved CSAC preparatory training when available.

- b. The APPLICANT shall assure at least 12 hours of relevant clinical training per year for each staff person providing clinical services per **11-175-14(e)(1)-(4), HAR**, which shall include:
 - 1) Staff education on HIV and AIDS.
 - 2) Staff education on the risks of TB for those abusing substances.
- c. The APPLICANT shall document verifiable experience of staff in any specialized therapeutic activities, such as psychotherapy or family therapy, and/or experience in working with relevant specialized populations such as women, minorities, or adolescents.
- d. Staffing shall reflect a multi-disciplinary team effort to the greatest extent possible.
- e. Therapeutic Living Programs shall be provided by staff with knowledge in substance abuse problems and experience in case management.
- f. The APPLICANT shall have on the premises at least one person currently certified for First Aid and CPR.
- g. The APPLICANT shall maintain documentation for each employee of an initial and annual tuberculosis (TB) skin test or chest X-ray.
- h. The APPLICANT shall conduct, at a minimum, a criminal history record check for any person who is employed or volunteers in an administrative or program position which necessitates close proximity to clients. For administrative and program staff working in a position which necessitates close proximity to children or adolescents, the criminal history check shall also include fingerprinting. A copy of the criminal history record check shall be placed in the employee's or volunteer's personnel file and shall be available for review.

2. Administrative

- a. Pregnant women shall receive preference for treatment. To ensure that pregnant women and referring programs are aware of this preference, any brochures or materials published by the APPLICANT shall advertise that pregnant women shall receive preference for treatment.
- b. The APPLICANT shall not use the Department of Health's funding to make payment for any service which has been, or can reasonably be expected to be, made under another State compensation program, or under any insurance policy, or under any Federal or State health benefits program (including the program established in Title XVIII of the Social Security Act and the program established in Title XIX of such Act), or by any entity that provides health services on a prepaid basis. ADAD funds may be used to supplement QUEST-Net substance abuse services after those benefits have been exhausted and up to the limit of QUEST substance abuse benefits.
- c. The APPLICANT shall maximize reimbursement of benefits through Hawaii **QUEST** and **QUEST-Net**.
- d. The APPLICANT shall comply with the Department of Human Service's **QUEST** and **QUEST-Net** policies unless otherwise authorized in writing by ADAD.
- e. The APPLICANT shall refund to the DEPARTMENT any funds unexpended or expended inappropriately.
- f. The APPLICANT under the actual expenditure method of reimbursement shall assure that all equipment and unused supplies and materials purchased with funds paid to it shall become the property of the DEPARTMENT upon completion or termination of the contract.
- g. The APPLICANT under the actual performance method of reimbursement shall assure that program income and/or surplus earned during the contract period shall be used to further the program objectives; otherwise the DEPARTMENT will deduct the surplus from the total contract amount in determining the net allowable cost on which the state's share of cost is based.

3. Quality assurance and evaluation specifications

The quality assurance program includes the specifications to monitor, evaluate and improve the results of the program.

- a. The APPLICANT shall have a quality assurance plan which identifies:

- The mission of the organization
 - What services will be provided
 - How services are delivered
 - Who is qualified to deliver them
 - Who is eligible to receive the services
 - What standards are used to assess or evaluate the quality and utilization of services
- b. The quality assurance plan shall:
- Serve as procedural guidelines for staff, and will
 - Confer designated individuals and committees with the authority to fulfill their responsibilities in the areas of quality assurance.
- c. The quality assurance process shall serve as a source of information for internal and external parties interested in knowing how the program monitors and improves the quality of its services:
- Findings shall be summarized and reviewed by the quality assurance committee.
 - Information shall be conveyed at least semi-annually to:
 - The program administrator (e.g. clinical supervisor, program director)
 - The organization's executive officer (e.g. Executive Director) and
 - Governing body (e.g. Board of Directors)
- d. The quality assurance system shall:
- Identify strengths and deficiencies
 - Indicate corrective actions to be taken and validate corrections
 - Recognize and implement innovative, efficient, or effective methods for the purpose of overall program improvement.
- e. Program evaluation shall reflect the documentation of the achievement of the stated goals of the program using tools and measures consistent with the professional standards of the disciplines involved in the delivery of services.

4. **Output and performance/outcome measurements**

- a. Performance measures shall be summarized and analyzed on a yearly basis as specified in ADAD's **Year-End Program Report** and shall be based on the data specified below, which is, with the exception of #1, taken from the Client Data System Follow-Up Report form (CDS). The CDS is required to be administered to all admitted clients. The APPLICANT shall set a threshold percentage of achievement for each of the following CDS items:
- 1) Number of clients completing treatment. (CDS Discharge

- Report #9)
- 2) Employment status at follow-up. (CDS #12)
 - 3) Living arrangements at follow-up. (CDS #13)
 - 4) Number of clients receiving substance abuse treatment since discharge. (CDS #17)
 - 5) Number of clients currently in substance abuse treatment. (CDS #18)
 - 6) In the past thirty (30) days, number of clients experiencing significant periods of psychological distress. (CDS #22)
 - 7) In past thirty (30) days, number of days of work/school missed because of drinking/drug use. (CDS #23)
 - 8) Number of arrests since discharge. (CDS #24)
 - 9) Number of emergency room visits since discharge. (CDS #25)
 - 10) Number of times client has been hospitalized for medical problems since discharge. (CDS #26)
 - 11) Frequency of use thirty (30) days prior to follow-up. (CDS #33)
 - 12) Usual route of administration. (CDS #34)

Note: CDS numbers may change throughout the contract period if forms are revised. Therefore, it is the content of the item that needs to be reported on.

- b. The APPLICANT shall submit a **CDS Follow-Up Report** form for all clients admitted to the program six (6) months after termination, regardless of the reason for discharge. Sufficient staff time shall be allocated for follow-up to ensure at least three (3) attempts to contact clients using at least two (2) different methods (e.g., mail out, telephone, face-to-face) are made, and to assure that unless the client has died or left no forwarding address they will be contacted.
- c. APPLICANTS who contracted with ADAD during the contracting period immediately preceding this RFP are expected to report performance data on a continuous basis, e.g., follow-up data from clients served during the previous contract should be included in the following contract year, as applicable.

5. Experience

The APPLICANT shall have a minimum of one year experience in the provision of substance abuse treatment services or in the provision of Therapeutic Living Program (Supportive Living) services for substance abuse clients.

6. Coordination of Services

- a. The APPLICANT intending to provide only part of the continuum shall have and document appropriate linkages to other services on the continuum.
- b. The APPLICANT shall collaborate with other appropriate services including but not limited to health, mental health, social, correctional and criminal justice, educational, vocational rehabilitation, and employment services.
- c. The APPLICANT shall maintain a current base of information and referral sources on alcohol, tobacco and other drug, substance abuse and related problem behaviors and treatment resources. Such information shall be made easily accessible to staff and program recipients.

7. Reporting requirements for program and fiscal data

Note: Program and fiscal data reporting requirements may change to be in compliance with the Federal Health Insurance Portability and Accountability Act (HIPAA).

- a. Required Program Reports:
The APPLICANT shall submit, in the format specified by ADAD, **Quarterly Program Reports** summarizing client output data and **Year-end Program Reports** summarizing and analyzing required performance data (see 4.a. above). Quarterly reports are due 30 days after the end of the quarter. Year-end Reports are due 45 days after the end of each fiscal year.

Example

For contracts beginning July 1:

Quarter 1:	July 1 - September 30.	Report due October 31.
Quarter 2:	October 1 - December 31.	Report due January 31.
Quarter 3:	January 1 - March 31.	Report due April 30.
Quarter 4:	April 1 - June 30.	Report due July 31.
Year End:	July 1 - June 30.	Report due August 15.

- b. Required Fiscal Reports:
 - 1) For **Actual Expenditure** contracts, the APPLICANT shall submit monthly the **Statement of Revenue and Expenditures** report, (**ADAD Fiscal Form 200, 9/95**).
 - 2) For **Actual Performance** contracts, the APPLICANT must have sufficient computer capacity to utilize ADAD's computerized **POS Provider Sub-system** and shall submit monthly requests for

reimbursement (invoices), client services information and **Client Data System (CDS)** data on computer diskette. CDS forms include **Admission, Discharge and Follow-up Report** forms. A hard copy of the monthly invoice with an original signature shall also be submitted.

- 3) Within 45 calendar days after the expiration of each contract year, the APPLICANT shall submit to ADAD the **Statement of Revenue and Expenditures** summarizing the actual expenditures for the fiscal year and the **Year-end Program Report** which includes client services data describing total number of units of service provided by contract, site and modality, client performance data and other contract close-out documentation as specified by ADAD.

Note: The State will perform the audit of the APPLICANT to assure services billed have been provided and documented. The audit shall, at a minimum, include evaluating the client's financial eligibility, the financial statement, and receipts, confirming billed service with service documentation in the client chart, and other documents as requested by the State.

8. Pricing or pricing methodology to be used

Fixed-rate pricing, as predetermined by ADAD in conjunction with providers, will be used and reimbursement will be by Actual Performance at the fixed rates listed under **"9. Units of service and unit rate."** Reimbursement by Actual Expenditures may also be used either alone or in combination with Actual Performance reimbursement.

9. Units of service and unit rate

Note: The state has the option to adjust unit rates on contracts covered under this RFP. The Alcohol and Drug Abuse Division may change all or part of the pricing structure from a fixed unit rate to cost reimbursement or from cost reimbursement to a fixed unit rate.

a. Intensive Outpatient Substance Abuse Treatment:

- 1) The unit of performance shall be a **per diem**. The APPLICANT may bill by quarter hour (15 minute) increments in excess of one (1) hour.
- 2) The rate shall be ONE HUNDRED FIVE DOLLARS (**\$105**) **per day** for face-to-face individual, group, and/or family sessions. Intensive Outpatient Programs can bill for the day of admission but not for the day of discharge.
- 3) The maximum reimbursement shall be THREE HUNDRED FIFTEEN DOLLARS (**\$315**) **per week**, preferably in blocks of three hours of treatment per day.
- 4) The maximum length of stay shall be forty (**40**) **days** per client per year.

b. Outpatient Substance Abuse Treatment:

- 1) The unit of performance is sixty **(60) minutes**. The APPLICANT may bill by quarter hour (15 minute) increments in excess of 30 minutes.
- 2) The rates shall be:
 - (a) SEVENTY-FIVE DOLLARS **(\$75)** for a sixty (60) minute **individual** activity per client.
 - (b) FORTY-EIGHT DOLLARS **(\$48)** for a sixty (60) minute **group** activity per client.
 - (c) SEVENTY-FIVE DOLLARS **(\$75)** for a sixty (60) minute **family counseling** activity.
- 3) Reimbursable activities shall consist of face-to-face individual sessions including screening, assessment, treatment planning, and counseling; and group sessions including process, education, skill building, and recreation groups; and family counseling. The APPLICANT can bill only for screenings that result in a client's admittance into the Outpatient Program.
- 4) The maximum hours of service shall be ninety-six **(96) hours** per client per year.

IV. Facilities

The APPLICANT shall provide a description of the facility(s) and site(s) it proposes to use for the requested services, including the items below:

- A. Physical address.
- B. Narrative description
- C. Detailed description of how the facility meets, or plans to meet, ADA requirements
- D. Description of the facilities accessibility to clients

Service Specifications for

Adult Substance Abuse Therapeutic Living Program Services

Statewide

I. Introduction

A. Overview, purpose or need

The mission of the Alcohol and Drug Abuse Division is to provide the leadership necessary for the development and delivery of quality substance abuse prevention, intervention and treatment services for the residents of the State of Hawaii. The Division will plan, coordinate, provide technical assistance, and establish mechanisms for training, data collection, research and evaluation to ensure that statewide substance abuse resources are utilized in the most effective and efficient manner possible.

Substance abuse services are mandated by **Chapter 321, HRS** which charges the Department of Health with the responsibility of coordinating all substance abuse programs including rehabilitation, treatment, education, research and prevention activities and **Chapter 334, HRS** which requires that the State provide a “comprehensive mental health system utilizing public and private resources to reduce the incidence of mental or emotional disorders and substance abuse....”

ADAD’s goal is to prevent or reduce the severity and disabling effects related to alcohol and other drug use, abuse and dependence by assuring an effective, accessible public and private community-based system of prevention strategies and treatment services designed to empower individuals and communities to make health-enhancing choices regarding the use of alcohol and other drugs.

ADAD is also the designated single state agency to apply for and expend federal substance abuse funds administered under **P.L. 102-321**, the federal **Substance Abuse Prevention and Treatment Block Grant**.

Planning activities related to this Request For Proposal (RFP) included analysis of the following needs assessment surveys: 1) The Hawaii 1998 Adult Household Survey; 2) The 2000 Hawaii Student Alcohol and Drug Use Survey; 3) The 1996 Blind Study Of Substance Abuse And Need For Treatment Among Women Of Childbearing Age In Hawaii; and 4) The 1996 Hawaii Study Of Substance Abuse And Need For Treatment Among New Arrestees, and ongoing monthly discussions with non-profit substance abuse providers.

The Alcohol and Drug Abuse Division conducted a household survey of adults across the State in 1998. This survey incorporated criteria for abuse and dependence from the DSM-III-R into the survey instrument as a means of arriving at how many

adults might need substance abuse treatment. The findings reported by county are as follows:

Estimate of Dependence and Abuse (Needing Treatment) – 1998					
	Total	County			
		Hawaii	Honolulu	Kauai	Maui
Population (18 Years and Over)	895,414	99,941	668,524	41,304	85,645
Percent Needing Treatment for Alcohol Only	7.70%	9.69%	7.37%	5.96%	8.75%
Total Needing Treatment for Alcohol Only	68,926	9,682	49,285	2,463	7,496
Percent Needing Treatment for Drugs Only	1.56%	2.50%	1.25%	1.93%	2.72%
Total Needing Treatment for Drugs Only	13,954	2,494	8,338	796	2,326
Percent Needing Treatment for Both Alcohol and Drugs	0.76%	0.99%	0.73%	0.76%	0.76%
Total Needing Treatment for Both Alcohol and Drugs	6,839	987	4,889	312	650
Percent Needing Treatment for Alcohol and/or Drugs	9.26%	12.18%	8.62%	7.89%	11.47%
Total Needing Treatment for Alcohol and/or Drugs	82,880	12,176	57,623	3,259	9,822

* Numbers may not sum due to rounding and weighting.

These data indicate that the need for substance abuse treatment exists throughout the four counties of the State. Although the largest number of persons needing substance abuse treatment live in the City and County of Honolulu, other, smaller counties, require core treatment services. These data further suggest that alcohol remains the primary substance of abuse. However, substantial numbers of persons exhibit addiction to both alcohol and other drugs.

The purpose of this RFP is to provide a continuum of adult substance abuse treatment services statewide.

B. Description of the goals of the service

The goal of the requested service is to reduce the severity and disabling effects related to alcohol and other drug use by making a continuum of service modalities available statewide to individuals and families with alcohol and other drug

problems. The modality to be provided under this RFP is therapeutic living program substance abuse treatment services.

C. Description of the target population to be served

The target population includes adults who meet the **DSM IV** criteria for substance abuse or dependence. **Priority for treatment shall be given to women of child bearing age, pregnant women, parents with young children in the home and Native Hawaiians.** All clients in any level of treatment shall meet the most current version of the American Society for Addictive Medicine Patient Placement Criteria (**ASAM PPC**) for admission, continuance, and discharge. Clients funded by ADAD must meet financial eligibility requirements. The income of clients eligible for treatment cannot exceed three hundred percent (300%) of the poverty level for Hawaii as defined by current Federal Poverty Level Standards.

D. Geographic coverage of service

Service areas for this RFP consists of the island of Hawaii and Maui county. The APPLICANT may apply in any one or more of these areas. However, the APPLICANT shall demonstrate actual capacity to provide the required services in the service areas for which it is applying.

E. Probable funding amounts, source, and period of availability

Total Funding: *FY 2005: \$1,146,375 consisting of General Funds

*FY 2006: \$1,146,375 consisting of General Funds

*FY 2007: \$1,146,375 consisting of General Funds

*FY 2008: \$1,146,375 consisting of General Funds

*FY 2009: \$1,146,375 consisting of General Funds

*PENDING AVAILABILITY OF FUNDS. Funding may only be available for one year. APPLICANTS must have a sustainability plan for year two if general funds are not available.

For-profit and non-profit organizations are eligible for State funds.

The APPLICANT shall spend one percent (1%) of the total contracted amount for tobacco cessation activities, and shall document such expenditures.

Any APPLICANT may provide twenty-four (24) hour residential services to adult clients from any service area. For each contract year, the suggested funding amounts for each service area are as follows:

General Funds specified for therapeutic living program services.

Maui: Suggested amount of \$600,000 for two (2) therapeutic living programs, one for men and one for women

Hawaii: Suggested amount of \$300,000 for a therapeutic living program for women

Statewide: Suggested amount of \$246,375 to purchase nine (9) beds for Therapeutic Living Programs

NOTE:

1. ADAD reserves the right to reallocate the above amounts to other ADAD-contracted agencies if, at any time after three (3) months into each fiscal year, there is either a monthly pattern of poor or low performance or underutilization of funds such that it appears the agency will not be able to expend all allocated funds by the end of each fiscal year. Funds may also be reallocated across geographical areas, if necessary. The criteria used for the reallocation of funds shall be the same as the basis for the initial allocation of funds as specified in Section 4, Proposal Evaluation.
2. A maximum of \$25,000 may be advanced for start-up costs for new programs, subject to approval by ADAD.
3. If an APPLICANT materially fails to comply with the terms and conditions of the contract, ADAD may, as appropriate under the circumstances:
 - a. Temporarily withhold payments pending correction of a deficiency or a non-submission of a report by the contractor.
 - b. Disallow all or part of the cost.
 - c. Suspend or terminate the contract.
4. The APPLICANT can submit to ADAD proposals for contract amendments or any changes affecting the scope of services, target population, time of performance, and total funds, but this must be approved in writing before changes can be made. Proposals shall be submitted no later than four (4) months prior to the end of the contract year, unless prior approval is given by ADAD.
5. In the event that additional funds become available for similar services, the DEPARTMENT reserves the right to increase funding amounts.

II. General Requirements

A. Specific requirements or qualifications, including but not limited to licensure or accreditation

- a. Residential programs, in accordance with **Title 11, Chapter 98, Special Treatment Facility**, must have a Special Treatment Facility license at the time of application and abide by applicable administrative rules governing accreditation of substance abuse programs.
 - b. Therapeutic Living programs must meet ADAD's **Therapeutic Living Program Requirements** as specified in Section 5, Attachment E-5, until applicable administrative rules are implemented by the DEPARTMENT.
 - c. All APPLICANTS shall comply with **Title 11, Chapter 175, Mental Health and Substance Abuse System**.
 - d. All APPLICANTS shall complete and submit the Drug Free Workplace Assurance and the Federal certifications in Section 5, Attachment D.
2. If the APPLICANT is awarded a contract, the APPLICANT will be required to arrange for a financial and compliance audit to be done and submitted to the DEPARTMENT as directed in accordance with **Government OMB Circular A-133** if the applicant expends \$500,000 or more in Federal funds in a year.
 3. The APPLICANT shall comply with the Chapter 103F, HRS, **Cost Principles for Purchases of Health and Human Services** identified in SPO-H-201 (Effective 10/1/98), which can be found on the SPO Website (see Section 5, POS Proposal Checklist, for the website address).
 4. The APPLICANT receiving advanced payment for services shall reconcile the amount of the advance by the end of the first quarter of the contract.
 5. After contract execution, the APPLICANT shall submit a copy of its operating policies and procedures to the DEPARTMENT when requested. The copy is to be provided at the APPLICANT's expense.
 6. The APPLICANT shall assign staff to attend provider meetings as scheduled by the DEPARTMENT.
 7. All substance abuse records shall be kept confidential pursuant to **42 Code of Federal Regulations (42CFR), Part 2, Confidentiality of Alcohol and Drug Abuse Patient Records** and, if necessary, the APPLICANT shall resist in judicial proceedings any efforts to obtain access to patient records except as permitted by such regulations, and **Sec. 334-5, HRS, Confidentiality of Records**.

8. The APPLICANT shall adopt and implement a policy regarding Acquired Immune Deficiency Syndrome (AIDS) which states that it:
 - a. Does not discriminate against any client who has tested positive for antibodies against Human Immunodeficiency Virus (HIV) at admission or throughout participation.
 - b. Assures staff education on HIV and AIDS at least once per year.
 - c. Provides for AIDS education to all clients.
 - d. Maintains the confidentiality of any results of HIV antibody testing pursuant to **Sec. 325-101, HRS.**
 - e. Assures that any pre-test and post-test counseling shall be done only in accordance with the DEPARTMENT'S **HIV Counseling and Testing Guidelines.**
 - f. Administers an AIDS Risk Assessment as part of the treatment psycho/social evaluation and encourages high risk clients to have a blood test for HIV antibodies.
9. The APPLICANT shall adopt a policy regarding tuberculosis (TB) which states that it provides for TB education as appropriate.
10. The APPLICANT shall develop and maintain fiscal, statistical, and administrative records pertaining to services as specified by the DEPARTMENT.
11. The APPLICANT shall make an acknowledgment of the DEPARTMENT and ADAD as the APPLICANT'S program sponsor. This acknowledgment shall appear on all printed materials through the use of the DEPARTMENT'S logo.
12. The APPLICANT shall incorporate best practices/evidence-based practices in any substance abuse service. Best practices/evidence-based practices are defined as a body of contemporaneous empirical research findings that produce the most efficacious outcomes for persons with substance abuse problems, has literature to support the practices, is supported by national consensus, has a system for implementing and maintaining program integrity, and conformance to professional standards. For best practices in specific areas of substance abuse, the APPLICANT may consult the Substance Abuse and Mental Health Services Administration's (SAMHSA) **Treatment Improvement Protocol Series (TIPS)**, the National Institute on Drug Abuse's (NIDA) **Principles of Drug Addiction Treatment**, and/or access website resources listed in **Attachment E-7, "Important Website Addresses."**

13. The APPLICANT shall have a mechanism for receiving, documenting and responding to consumer grievances, including and appeals process.

14. The APPLICANT shall have a written plan for disaster preparedness.

B. Secondary purchaser participation

(Refer to §3-143-608, HAR)

1. After-the-fact secondary purchases will be allowed.

2. Planned secondary purchases

None.

C. Multiple or alternate proposals

(Refer to §3-143-605, HAR)

☐ Allowed

☒ Unallowed

D. Single or multiple contracts to be awarded

(Refer to §3-143-206, HAR)

☐ Single

☐ Multiple

☒ Single & Multiple

Criteria for multiple awards:

The funding is for 2 geographic areas with priority for admission as outlined on page 2-3, C. "Description of the target population to be served." The State needs the flexibility to award funding to more than one applicant. In the event that more than one APPLICANT'S proposal for a service meets the minimum requirements, the proposal will be reviewed in accordance with the following additional criteria in determining the funding allocations:

- Interest of the State to have a variety of treatment providers in order to provide choices for clients.
- Interest of the State to have geographic accessibility.
- Readiness to initiate or resume services.
- Interest of the State to have a variety of treatment providers in order to provide choices for clients.
- Ability to maximize QUEST funding, if possible.
- Proposed budget in relation to the proposed number of service recipients.
- If funded in the past by ADAD, ability of the APPLICANT to fully utilize funding.
- Previous ADAD contract compliance status (e.g. timely submittal of reports and corrective action plans.
- Accreditation status.

- APPLICANT'S past fiscal performance based on ADAD's fiscal monitoring.
- APPLICANT'S past program performance based on ADAD's program monitoring.

E. **Single or multi-term contracts to be awarded**
(Refer to §3-149-302, HAR)

☐ Single term (≤ 2 yrs) ☒ Multi-term (> 2 yrs.)

Contract terms:

<u>Initial term of contract:</u>	One (1) or two (2) years.
<u>Length of each extension:</u>	Contracts may be extended upon mutual agreement for up to two (2) additional twelve (12) month periods.
<u>Number of possible extensions:</u>	Two (2)
<u>Maximum length of contract:</u>	Four (4) years. The initial period shall commence on the contract start date or Notice to Proceed, whichever is later.
<u>Conditions for extension:</u>	Availability of funds, fiscal soundness of the APPLICANT and/or the APPLICANT's history with the Alcohol and Drug Abuse Division in providing services as specified in this RFP or similar services.

F. **RFP contact person**

The individual listed below is the sole point of contact from the date of release of this RFP until the selection of the successful provider or providers. Written questions should be submitted to the RFP contact person and received on or before the day and time specified in Section I, Item IV (Procurement Timetable) of this RFP.

Contact Person:	Margaret Tom at (808) 692-7522 Email: <i>mftom@mail.health.state.hi.us</i>
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III. **Scope of Work**

The scope of work encompasses the following tasks and responsibilities:

A. **Service Activities**

(Minimum and/or mandatory tasks and responsibilities)

1. The APPLICANT shall provide the therapeutic living program services as described below for each geographic area as specified in I.D. and E. Refer to Section 5, Attachment E-1, **Substance Abuse Treatment Guidelines**, for the

definitions of specific treatment activities and further clarification of the treatment standards. Refer to Section 5, Attachment E-5, **Therapeutic Living Program Requirements**, for standards for the Therapeutic Living Programs.

A **Therapeutic Living Program** provides structured residential living to individuals who are without appropriate living alternatives and who are **currently receiving, are in transition to, or who have been clinically discharged within six (6) months** from a substance abuse Day, Intensive Outpatient, or Outpatient treatment service. Priority shall be given to clients in ADAD-funded treatment slots. ADAD will not pay for Day Treatment and Therapeutic Living Programs at the same time for the same client. The focus of this program is to provide the necessary support and encouragement so that the client can complete treatment outside of the program, adjust to a chemically abstinent lifestyle, and manage activities of daily living so that they can move towards independent housing and life management.

A Therapeutic Living Program provides **fifteen (15) hours per week** of face-to-face therapeutic activities. Activities can include, but are not limited to, needs assessment, service planning, individual and group skill building, referral and linkage, case management, client support and advocacy, monitoring and follow-up. In the provision of Therapeutic Living Programs, the APPLICANT shall comply with ADAD's **Therapeutic Living Program** requirements as specified in Section 5, Attachment E-5, and subsequent licensing rules when they become effective.

APPLICANTS providing Therapeutic Living Programs shall submit admission, continuance, and discharge criteria for ADAD's approval.

2. Clients in any level of treatment shall meet the most current version of the American Society for Addictive Medicine Patient Placement Criteria (**ASAM PPC**) for admission, continuance, and discharge. The APPLICANT shall document in writing in the client's chart that ASAM criteria have been met.
3. Each part of the continuum shall include, as appropriate, the face-to-face activities which are defined in ADAD's **Substance Abuse Treatment Guidelines** found in Section 5, Attachment E-1.
4. The APPLICANT shall develop and implement an appropriate transition plan for each client in the final phase of treatment prior to discharge. The plan shall address transition and recovery issues and relapse prevention.
5. All clients appropriate for transfer to a less restrictive level of service shall be referred for transfer as established in **Sec. 334-104, HRS**, Least Restrictive Level of Service.
6. Adult treatment programs shall administer the **Addiction Severity Index** (ASI) as part of the initial assessment and upon discharge to all clients admitted for

treatment. Results of the **ASI** must be included in the Client Data System Admission form.

7. The APPLICANT shall adopt and implement a policy on alcohol and other drug use (including psychotropic, mood stabilizing medication and methadone) while clients are in treatment. **Clients cannot be excluded solely on the basis of use of medically prescribed medication.**
8. The APPLICANT shall comply with **Sec. 1924(a) of Public Law (P.L.) 102-321**, which states that the program shall routinely make available tuberculosis (TB) services to all clients either directly or through arrangements with public or nonprofit agencies. If the program is unable to accept a person requesting services, the program shall refer the person to a provider of TB services. TB services shall include, but not be limited to, counseling; testing to determine whether the individual has contracted the disease and to determine the appropriate form of treatment; and treatment.
9. The program shall comply with the following sections of P.L. **102-321** regarding treatment services for pregnant women and women with dependent children:
 - a. Pursuant to **Sec. 1922(c)(3)**, make available, either directly or through arrangements with other public or nonprofit agencies, prenatal care to women receiving services, and childcare while the women are receiving the services.
 - b. Pursuant to **Sec. 1927**, comply with the following requirements:
 - 1) Give preference for admission to treatment to pregnant women who seek or are referred for and would benefit from treatment; and
 - 2) Advertise that pregnant women shall receive preference for treatment on any brochures or materials published by the agency.
10. The APPLICANT may use the “Partner Abuse and Sexual Assault Risk Assessment Guidelines” in Section 5, Attachment E-6 as a guideline in determining the extent to which female clients have unresolved issues of partner abuse and sexual assault, the extent to which more specialized treatment and referral is needed for these issues, and the extent to which these issues can be dealt with in the substance abuse treatment program. After decisions have been made regarding the recipients of awards, ADAD will meet individually or in groups with AWARDEES to discuss appropriate implementation of the intent of this assessment, including what questions to ask, when, by whom, and how the results may be used in order to assure that the assessment guideline is used with flexibility, sensitivity, and timeliness appropriate to the needs of each individual female client. Clients shall be assessed by appropriately trained staff.

A. Management Requirements (Minimum and/or mandatory requirements)

1. Personnel

- a. The APPLICANT shall conduct, at a minimum, a criminal history record check for any person who is employed or volunteers in an administrative or program position which necessitates close proximity to clients. For administrative and program staff working in a position which necessitates close proximity to children or adolescents, the criminal history check shall also include fingerprinting. A copy of the criminal history record check shall be placed in the employee's or volunteer's personnel file and shall be available for review.
- b. Individuals performing the following function shall be Hawaii State certified substance abuse counselors (CSACs) pursuant to 321-193 (10), Hawaii Revised Statutes (HRS), or hold an advanced degree in behavioral health sciences:

- Clinical supervision

CSACs and individuals who hold an advanced degree in behavioral health sciences preferably shall perform the following functions; however, non-CSACs or non-Masters level providers may be utilized as long as they are directly supervised* by a CSAC or Masters level counselor and are working toward certification:

- Clinical evaluation
- Treatment planning
- Individual, group, and family counseling

*Direct supervision means a minimum of one hour of supervision for every seven hours of performance. This involves teaching the supervisee about each core function of a substance abuse counselor, demonstrating how each core function is accomplished, the supervisee sitting in while the supervisor performs the function, the supervisee performing the function with the supervisor present, and, finally, the supervisee performing the function independently but with review and feedback from the supervisor. In addition, supervisees shall be required to attend ADAD-approved CSAC preparatory training when available.

- c. Therapeutic Living Programs shall be provided by staff with knowledge in substance abuse problems and experience in case management.
- d. Staff shall document verifiable experience in any specialized therapeutic activities, such as psychotherapy or family therapy, and/or experience in

working with relevant specialized populations such as women, minorities, or adolescents.

- e. Staffing shall reflect a multi-disciplinary team effort to the greatest extent possible.
- f. The APPLICANT shall have on the premises at least one person currently certified for First Aid and CPR.
- g. The APPLICANT shall maintain documentation for each employee of an initial and annual tuberculosis (TB) skin test or chest X-ray.
- h. The APPLICANT shall assure at least 12 hours of relevant clinical training per year for each staff person providing clinical services per 11-175-14(e)(1)-(4), HAR, which shall include:
 - 1) Staff education on HIV and AIDS.
 - 2) Staff education on the risks of TB for those abusing substances.
- i. The APPLICANT shall ensure that staff receive appropriate supervision including clinical supervision, and administrative direction.

2. Administrative

- a. Pregnant women shall receive preference for treatment. To ensure that pregnant women and referring programs are aware of this preference, any brochures or materials published by the APPLICANT shall advertise that pregnant women shall receive preference for treatment.
- b. The APPLICANT shall not use the Department of Health's funding to make payment for any service which has been, or can reasonably be expected to be, made under another State compensation program, or under any insurance policy, or under any Federal or State health benefits program (including the program established in Title XVIII of the Social Security Act and the program established in Title XIX of such Act), or by any entity that provides health services on a prepaid basis. ADAD funds may be used to supplement QUEST-Net substance abuse services after those benefits have been exhausted and up to the limit of QUEST substance abuse benefits.
- c. The APPLICANT shall maximize reimbursement of benefits through Hawaii **QUEST** and **QUEST-Net**.

- d. The APPLICANT shall comply with the Department of Human Service's **QUEST** and **QUEST-Net** policies unless otherwise authorized in writing by ADAD.
- e. The APPLICANT shall refund to the DEPARTMENT any funds unexpended or expended inappropriately.
- f. The APPLICANT under the actual expenditure method of reimbursement shall assure that all equipment and unused supplies and materials purchased with funds paid to it shall become the property of the DEPARTMENT upon completion or termination of the contract.
- g. The APPLICANT under the actual performance method of reimbursement shall assure that program income and/or surplus earned during the contract period shall be used to further the program objectives; otherwise the DEPARTMENT will deduct the surplus from the total contract amount in determining the net allowable cost on which the state's share of cost is based.

3. Quality assurance and evaluation specifications

The quality assurance program includes the specifications to monitor, evaluate and improve the results of the program.

- a. The APPLICANT shall have a quality assurance plan which identifies:
 - The mission of the organization
 - What services will be provided
 - How services are delivered
 - Who is qualified to deliver them
 - Who is eligible to receive the services
 - What standards are used to assess or evaluate the quality and utilization of services
- b. The quality assurance plan shall:
 - Serve as procedural guidelines for staff, and will
 - Confer designated individuals and committees with the authority to fulfill their responsibilities in the areas of quality assurance.
- c. The quality assurance process shall serve as a source of information for internal and external parties interested in knowing how the program monitors and improves the quality of its services:
 - Findings shall be summarized and reviewed by the quality assurance committee.
 - Information shall be conveyed at least semi-annually to:
 - The program administrator (e.g. clinical supervisor, program director)
 - The organization's executive officer (e.g. Executive Director) and

- Governing body (e.g. Board of Directors)
- d. The quality assurance system shall:
 - Identify strengths and deficiencies
 - Indicate corrective actions to be taken and validate corrections
 - Recognize and implement innovative, efficient, or effective methods for the purpose of overall program improvement.
- e. Program evaluation shall reflect the documentation of the achievement of the stated goals of the program using tools and measures consistent with the professional standards of the disciplines involved in the delivery of services.

4. Output and performance/outcome measurements

- a. Performance measures shall be summarized and analyzed on a yearly basis as specified in ADAD's **Year-End Program Report** and shall be based on the data specified below, which is, with the exception of #1, taken from the Client Data System Follow-Up Report form (**CDS**). The CDS is required to be administered to all admitted clients. The APPLICANT shall set a threshold percentage of achievement for each of the following CDS items:
 - 1) Number of clients completing treatment. (CDS Discharge Report #9)
 - 2) Employment status at follow-up. (CDS #12)
 - 3) Living arrangements at follow-up. (CDS #13)
 - 4) Number of clients receiving substance abuse treatment since discharge. (CDS #17)
 - 5) Number of clients currently in substance abuse treatment. (CDS #18)
 - 6) In the past thirty (30) days, number of clients experiencing significant periods of psychological distress. (CDS #22)
 - 7) In past thirty (30) days, number of days of work/school missed because of drinking/drug use. (CDS #23)
 - 8) Number of arrests since discharge. (CDS #24)
 - 9) Number of emergency room visits since discharge. (CDS #25)
 - 10) Number of times client has been hospitalized for medical problems since discharge. (CDS #26)
 - 11) Frequency of use thirty (30) days prior to follow-up. (CDS #33)
 - 12) Usual route of administration. (CDS #34)

Note: CDS numbers may change throughout the contract period if forms are revised. Therefore, it is the content of the item that needs to be reported on.

- b. The APPLICANT shall submit a **CDS Follow-Up Report** form for all clients admitted to the program six (6) months after termination, regardless of the reason for discharge. Sufficient staff time shall be allocated for follow-up to ensure at least three (3) attempts to contact clients using at least two (2) different methods (e.g., mail out, telephone, face-to-face) are made, and to assure that unless the client has died or left no forwarding address they will be contacted.
- c. APPLICANTS who contracted with ADAD during the contracting period immediately preceding this RFP are expected to report performance data on a continuous basis, e.g., follow-up data from clients served during the previous contract should be included in the following contract year, as applicable.

5. Experience

The APPLICANT shall have a minimum of one year experience in the provision of substance abuse treatment services or in the provision of Therapeutic Living Program (Supportive Living) services for substance abuse clients.

6. Coordination of Services

- a. The APPLICANT intending to provide only part of the continuum shall have and document appropriate linkages to other services on the continuum.
- b. The APPLICANT shall collaborate with other appropriate services including but not limited to health, mental health, social, correctional and criminal justice, educational, vocational rehabilitation, and employment services.
- c. The APPLICANT shall maintain a current base of information and referral sources on alcohol, tobacco and other drug, substance abuse and related problem behaviors and treatment resources. Such information shall be made easily accessible to staff and program recipients.

7. Reporting requirements for program and fiscal data

Note: Program and fiscal data reporting requirements may change to be in compliance with the Federal Health Insurance Portability and Accountability Act (HIPAA).

- a. Required Program Reports:

The APPLICANT shall submit, in the format specified by ADAD, **Quarterly Program Reports** summarizing client output data and **Year-end Program Reports** summarizing and analyzing required performance

data (see 4.a. above). Quarterly reports are due 30 days after the end of the quarter. Year-end Reports are due 45 days after the end of each fiscal year.

Example

For contracts beginning July 1:

Quarter 1:	July 1 - September 30.	Report due October 31.
Quarter 2:	October 1 - December 31.	Report due January 31.
Quarter 3:	January 1 - March 31.	Report due April 30.
Quarter 4:	April 1 - June 30.	Report due July 31.
Year End:	July 1 - June 30.	Report due August 15.

b. Required Fiscal Reports:

- 1) For **Actual Expenditure** contracts, the APPLICANT shall submit monthly the **Statement of Revenue and Expenditures** report, (**ADAD Fiscal Form 200, 9/95**).
- 2) For **Actual Performance** contracts, the APPLICANT must have sufficient computer capacity to utilize ADAD's computerized **POS Provider Sub-system** and shall submit monthly requests for reimbursement (invoices), client services information and **Client Data System (CDS)** data on computer diskette. CDS forms include **Admission, Discharge and Follow-up Report** forms. A hard copy of the monthly invoice with an original signature shall also be submitted.
- 3) Within 45 calendar days after the expiration of each contract year, the APPLICANT shall submit to ADAD the **Statement of Revenue and Expenditures** summarizing the actual expenditures for the fiscal year and the **Year-end Program Report** which includes client services data describing total number of units of service provided by contract, site and modality, client performance data and other contract close-out documentation as specified by ADAD.

Note: The State will perform the audit of the APPLICANT to assure services billed have been provided and documented. The audit shall, at a minimum, include evaluating the client's financial eligibility, the financial statement, and receipts, confirming billed service with service documentation in the client chart, and other documents as requested by the State.

8. Pricing or pricing methodology to be used

Fixed-rate pricing, as predetermined by ADAD in conjunction with providers, will be used and reimbursement will be by Actual Performance at the fixed rates listed under **"9. Units of service and unit rate."** Reimbursement by

Actual Expenditures may also be used either alone or in combination with Actual Performance reimbursement.

9. Units of service and unit rate

Note: The state has the option to adjust unit rates on contracts covered under this RFP. The Alcohol and Drug Abuse Division may change all or part of the pricing structure from a fixed unit rate to cost reimbursement or from cost reimbursement to a fixed unit rate.

Therapeutic Living:

- 1) The unit of payment shall be a **Therapeutic Living bed day**.
- 2) The rate shall be SEVENTY-FIVE DOLLARS (**\$75**) per client per bed day.
- 3) The maximum length of stay shall be one hundred thirty (**130**) days per client per year.
- 4) ADAD shall not reimburse programs for both Day Treatment and Therapeutic Living services for the same client at the same time.
- 5) Therapeutic Living services can bill for the day of admission but not for the day of discharge

IV. Facilities

The APPLICANT shall provide a description of the facility(s) and site(s) it proposes to use for the requested services, including the items below:

- A. Physical address.
- B. Narrative description
- C. Detailed description of how the facility meets, or plans to meet, ADA requirements
- D. Description of the facilities accessibility to clients

Service Specifications for

Adult Substance Abuse Treatment Services on Lanai

I. Introduction

A. Overview, purpose or need

The mission of the Alcohol and Drug Abuse Division is to provide the leadership necessary for the development and delivery of quality substance abuse prevention, intervention and treatment services for the residents of the State of Hawaii. The Division will plan, coordinate, provide technical assistance, and establish mechanisms for training, data collection, research and evaluation to ensure that statewide substance abuse resources are utilized in the most effective and efficient manner possible.

Substance abuse services are mandated by **Chapter 321, HRS** which charges the Department of Health with the responsibility of coordinating all substance abuse programs including rehabilitation, treatment, education, research and prevention activities and **Chapter 334, HRS** which requires that the State provide a “comprehensive mental health system utilizing public and private resources to reduce the incidence of mental or emotional disorders and substance abuse....”

ADAD’s goal is to prevent or reduce the severity and disabling effects related to alcohol and other drug use, abuse and dependence by assuring an effective, accessible public and private community-based system of prevention strategies and treatment services designed to empower individuals and communities to make health-enhancing choices regarding the use of alcohol and other drugs.

ADAD is also the designated single state agency to apply for and expend federal substance abuse funds administered under **P.L. 102-321**, the federal **Substance Abuse Prevention and Treatment Block Grant**.

Planning activities related to this Request for Proposal (RFP) consisted of ongoing monthly discussions with non-profit substance abuse providers and discussions with the Adult Mental Health Division staff on Lanai who reports the substance abuse treatment needs data on Lanai as follows:

	CPS	District Court	Lanai Comm. Hospital	Maui Police Dept.	Probation	Straub MDs	Castle & Cooke	Lanai Coun. Services
# Currently needing treatment	6	*			##		0	1
# Needing treatment in the last 12 months	10 ***	*			14 ##		10	8 #
# Currently needing or court ordered to Substance Abuse Evaluation (SAE)	5	2			8		2	0
# Needing or court ordered to SAE in the last 12 months	9	25 **			10		10	4
ETOH & drug arrests in the last 12 months				18				
ER visits with ETOH and/or drug related presentations in the last 12 months			15###					

- * Usually not court ordered even though indicated because no treatment is available on island
- ** This number is high due to the inclusion of carry overs from the previous 12 months because Substance Abuse Education (SAE) is not available on Lanai
- *** 4 went off island for Residential, Intensive Outpatient and Outpatient Treatment
- # 4 went off island for Residential Treatment
- ## 14 includes current and in the last 12 months
- ### Unduplicated count – two (2) “frequent flyers”

This data indicates that the need for substance abuse treatment exists throughout a variety of medical, counseling, and court related settings. It should be noted that the numbers shown here under represent the number of clients actually needing services because there is no site to which referrals can be made. This data further suggests that alcohol remains the primary substance of abuse. However, substantial numbers of persons exhibit addiction to both alcohol and other drugs. The high cost of airfare, the limited availability of flights and the delays, and the cancellations and/or weather problems affecting transportation via the ferry all contribute to the necessity of making sure there are treatment services on Lanai.

In the smaller population areas such as Lanai, although there is a demonstrated need for treatment, the numbers of clients needing to be served may not be sufficient to sustain a reimbursement structure such as payment by Actual Performance. The purpose of this RFP is to provide services and to sustain the staff necessary to deliver adult substance abuse treatment services on Lanai. This RFP has sufficient funds to provide a basic infrastructure which will enable access to third party insurance payment and thus allow the state to ascertain the future infrastructure costs needed for Lanai.

B. Description of the goals of the service

The goal of the requested service is to reduce the severity and disabling effects related to alcohol and other drug use by making a continuum of service modalities

available statewide to individuals and families with alcohol and other drug problems. The goal of the RFP is to provide Intensive Outpatient and Outpatient substance abuse treatment to adults on Lanai and to sustain the staff necessary to deliver those services.

C. Description of the target population to be served

The target population includes adults who meet the **DSM IV** criteria for substance abuse or dependence. **Priority for treatment shall be given to women of child bearing age, pregnant women, parents with young children in the home and Native Hawaiians.** All clients in any level of treatment shall meet the most current version of the American Society for Addictive Medicine Patient Placement Criteria (**ASAM PPC**) for admission, continuance, and discharge.

D. Geographic coverage of service

Service area for this RFP consists of the Island of Lanai. The APPLICANT shall demonstrate actual capacity to provide the required services in this service area.

E. Probable funding amounts, source, and period of availability

Total Funding:	*FY 2005: \$50,000 consisting of General Funds
	*FY 2006: \$50,000 consisting of General Funds
	*FY 2007: \$50,000 consisting of General Funds
	*FY 2008: \$50,000 consisting of General Funds
	*FY 2009: \$50,000 consisting of General Funds

***PENDING AVAILABILITY OF FUNDS.** Funding may only be available for one year. APPLICANTS must have a sustainability plan for year two if general funds are not available.

For-profit and non-profit organizations are eligible for State funds.

The APPLICANT shall spend one percent (1%) of the total contracted amount for tobacco cessation activities, and shall document such expenditures.

NOTE:

1. ADAD reserves the right to reallocate the above amounts to other ADAD-contracted agencies if, at any time after three (3) months into each fiscal year, there is either a monthly pattern of poor or low performance or underutilization of funds such that it appears the agency will not be able to expend all allocated funds by the end of each fiscal year. Funds may also be reallocated across geographical areas, if necessary. The criteria used for the reallocation of funds shall be the same as the basis for the initial allocation of funds as specified in Section 4, Proposal Evaluation.
2. A maximum of \$25,000 may be advanced for start-up costs for new programs, subject to approval by ADAD.
3. If an APPLICANT materially fails to comply with the terms and conditions of the contract, ADAD may, as appropriate under the circumstances:
 - a. Temporarily withhold payments pending correction of a deficiency or a non-submission of a report by the contractor.
 - b. Disallow all or part of the cost.
 - c. Suspend or terminate the contract.
4. The APPLICANT can submit to ADAD proposals for contract amendments or any changes affecting the scope of services, target population, time of performance, and total funds, but this must be approved in writing before changes can be made. Proposals shall be submitted no later than four (4) months prior to the end of the contract year, unless prior approval is given by ADAD.
5. In the event that additional funds become available for similar services, the DEPARTMENT reserves the right to increase funding amounts.

II. General Requirements

A. Specific requirements or qualifications, including but not limited to licensure or accreditation

1. The APPLICANT shall have licenses and certificates, as applicable, in accordance with federal, state and county regulations, and comply with all applicable **Hawaii Administrative Rules (HAR)**.
 - a. Residential programs, in accordance with **Title 11, Chapter 98, Special Treatment Facility**, must have a Special Treatment Facility license at the

time of application and abide by applicable administrative rules governing accreditation of substance abuse programs.

- b. Therapeutic Living programs must meet ADAD's **Therapeutic Living Program Requirements** as specified in Section 5, Attachment E-5, until applicable administrative rules are implemented by the DEPARTMENT.
 - c. All APPLICANTS shall comply with **Title 11, Chapter 175, Mental Health and Substance Abuse System.**
 - d. All APPLICANTS shall complete and submit the Drug Free Workplace Assurance and the Federal certifications in Section 5, Attachment D.
2. If the APPLICANT is awarded a contract, the APPLICANT will be required to arrange for a financial and compliance audit to be done and submitted to the DEPARTMENT as directed in accordance with **Government OMB Circular A-133** if the applicant expends \$500,000 or more in Federal funds in a year.
 3. The APPLICANT shall comply with the Chapter 103F, HRS, **Cost Principles for Purchases of Health and Human Services** identified in SPO-H-201 (Effective 10/1/98), which can be found on the SPO Website (see Section 5, POS Proposal Checklist, for the website address).
 4. The APPLICANT receiving advanced payment for services shall reconcile the amount of the advance four (4) months after the notice to proceed.
 5. Whenever requested, the applicant shall submit a copy of its operating policies and procedures to the DEPARTMENT. The copy is to be provided at the applicant's expense with revisions and updates as appropriate.
 6. The APPLICANT shall assign staff to attend provider meetings as scheduled by the DEPARTMENT.
 7. All substance abuse records shall be kept confidential pursuant to **42 Code of Federal Regulations (42CFR), Part 2, Confidentiality of Alcohol and Drug Abuse Patient Records** and, if necessary, the APPLICANT shall resist in judicial proceedings any efforts to obtain access to patient records except as permitted by such regulations, and **Sec. 334-5, HRS, Confidentiality of Records.**
 8. The APPLICANT shall adopt and implement a policy regarding Acquired Immune Deficiency Syndrome (AIDS) which states that it:
 - a. Does not discriminate against any client who has tested positive for antibodies against Human Immunodeficiency Virus (HIV) at admission or throughout participation.

- b. Assures staff education on HIV and AIDS at least once per year.
 - c. Provides for AIDS education to all clients.
 - d. Maintains the confidentiality of any results of HIV antibody testing pursuant to **Sec. 325-101, HRS.**
 - e. Assures that any pre-test and post-test counseling shall be done only in accordance with the DEPARTMENT'S **HIV Counseling and Testing Guidelines.**
 - f. Administers an AIDS Risk Assessment as part of the treatment psycho/social evaluation and encourages high risk clients to have a blood test for HIV antibodies.
9. The APPLICANT shall adopt a policy regarding tuberculosis (TB) which states that it provides for TB education as appropriate.
10. The APPLICANT shall develop and maintain fiscal, statistical, and administrative records pertaining to services as specified by the DEPARTMENT.
11. The APPLICANT shall make an acknowledgment of the DEPARTMENT and ADAD as the APPLICANT'S program sponsor. This acknowledgment shall appear on all printed materials through the use of the DEPARTMENT'S logo.
12. The APPLICANT shall have a minimum of one year experience in the provision of substance abuse treatment services or in the provision of Therapeutic Living Program (Supportive Living) services for substance abuse clients.
13. The APPLICANT shall incorporate best practices/evidence-based practices in any substance abuse service. Best practices/evidence-based practices are defined as a body of contemporaneous empirical research findings that produce the most efficacious outcomes for persons with substance abuse problems, has literature to support the practices, is supported by national consensus, has a system for implementing and maintaining program integrity, and conformance to professional standards. For best practices in specific areas of substance abuse, the APPLICANT may consult the Substance Abuse and Mental Health Services Administration's (SAMHSA) **Treatment Improvement Protocol Series (TIPS)**, the National Institute on Drug Abuse's (NIDA) **Principles of Drug Addiction Treatment**, and/or access website resources listed in **Attachment E-7, "Important Website Addresses."**

14. The APPLICANT shall have a mechanism for receiving, documenting and responding to consumer grievances, including an appeals process.
15. The APPLICANT shall have a written plan for disaster preparedness.

B. Secondary purchaser participation
(Refer to §3-143-608, HAR)

1. After-the-fact secondary purchases will be allowed.
2. Planned secondary purchases

None.

C. Multiple or alternate proposals
(Refer to §3-143-605, HAR)

☐ Allowed ☒ Unallowed

D. Single or multiple contracts to be awarded
(Refer to §3-143-206, HAR)

☒ Single ☐ Multiple ☐ Single & Multiple

Criteria for multiple awards:

E. Single or multi-term contracts to be awarded
(Refer to §3-149-302, HAR)

☐ Single term (≤ 2 yrs) ☒ Multi-term (> 2 yrs.)

Contract terms:

<u>Initial term of contract:</u>	One (1) or two (2) years.
<u>Length of each extension:</u>	Contracts may be extended upon mutual agreement for up to two (2) additional twelve (12) month periods.
<u>Number of possible extensions:</u>	Two (2)
<u>Maximum length of contract:</u>	Four (4) years. The initial period shall commence on the contract start date or Notice to Proceed, whichever is later.
<u>Conditions for extension:</u>	Availability of funds, fiscal soundness of the APPLICANT and/or the APPLICANT's history with the Alcohol and Drug Abuse Division in providing services as specified in this RFP or similar services.

F. **RFP contact person**

The individual listed below is the sole point of contact from the date of release of this RFP until the selection of the successful provider or providers. Written questions should be submitted to the RFP contact person and received on or before the day and time specified in Section I, Item IV (Procurement Timetable) of this RFP.

<i>Contact Person:</i>	<i>Margaret Tom at (808) 692-7522</i> <i>Email: mftom@mail.health.state.hi.us</i>
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III. Scope of Work

The scope of work encompasses the following tasks and responsibilities:

A. **Service Activities**

(Minimum and/or mandatory tasks and responsibilities)

1. Service activities for this RFP will include Intensive Outpatient and Outpatient treatment services as described in a. below. Additional activities will also be required and are listed under b. below.
 - a. The Adult Continuum of Substance Abuse Treatment Services includes Intensive Outpatient and Outpatient Treatment modalities, as defined below. Refer to Section 5, Attachment E-1, **Substance Abuse Treatment Guidelines**, for the definitions of specific treatment activities and further clarification of the treatment standards.
 - (1) An **Intensive Outpatient Program** provides non-residential outpatient alcohol and/or other drug treatment service which usually operates for **at least three or more hours per day for three or more days per week**, in which the client participates in accordance with an approved Individualized Treatment Plan. Intensive outpatient services may include, but are not limited to: assessment, individual and group counseling, crisis intervention, occupational therapy, activity therapies, expressive therapies (art, drama, poetry, music, movement), referral and information, drug screening urinalysis, medication administration, medical services, case management services and nutrition counseling; however, the listed below must be provided.

Intensive Outpatient Programs shall include, but are not limited to, the following face-to-face activities: Assessment Services; Individual and Group Counseling Services; Crisis Intervention Services; and Activity therapies and/or alcoholism and other drug addiction client education.

The scheduling of a **one (1) hour per client per week session of individual counseling** is recommended.

- (2) An **Outpatient Program** provides non-residential comprehensive specialized services on a scheduled basis for individuals with substance abuse problems. Professionally directed evaluation, treatment, case management, and recovery services are provided to clients with less problematic substance abuse related behavior than would be found in a residential or day treatment program.

Outpatient Programs consist of:

- Individual Counseling, which provides the utilization of special skills by a clinician to assist individuals and/or their families/significant others in achieving treatment objectives through the exploration of alcohol and other drug problems and/or addiction and their ramifications, including an examination of attitudes and feelings, consideration of alternative solutions and decision making, and/or discussing didactic materials with regard to alcohol and other drug related problems.
- Group Counseling, which provides the utilization of special skills by a clinician to assist two or more individuals and/or their families/significant others in achieving treatment objectives through the exploration of alcohol and other drug problems and/or addiction and their ramifications, including an examination of attitudes and feelings, consideration of alternative solutions and decision making, and/or discussing didactic materials with regard to alcohol and other drug related problems.
- Family/Couple Counseling, which provides counseling for alcohol and/or drug treatment with a client's family members or significant others, typically delivered as a scheduled hourly event. In some instances, the client may not be present during these sessions.
- Skills Development, which provides activities to develop a range of skills to help maximize client community integration and independent living. Services may be provided in individual or group settings. They need not be scheduled events, but may be applied in the context of other normal activities, such as education or employment.
- Case Management, which provides services to assist and support clients in developing their skills to gain access to needed medical, social, educational and other services essential to meeting basic human services; linkages and training for the client

served in the use of basic community resources; and monitoring of overall service delivery. This service is generally provided by staff whose primary function is case management.

An Outpatient Program regularly provides between **one (1) and eight (8) hours per client per week** of face-to-face treatment and **one (1) hour of scheduled individual counseling per client per month**. The scheduling of **one (1) hour per client per week of individual counseling** is recommended when clinically indicated.

- b. Partnership with third party payors. The APPLICANT will need to partner with third party payors to deliver the necessary services to Lanai clients. Third party payment should be accessed whenever possible and the APPLICANT shall analyze the financial impact of third party payors. Data on the type of insurance, eligible coverage, services covered for clients served will be required to be provided to ADAD. After an APPLICANT is selected, additional discussions may lead to additional data requirements. Requirements for accessing insurance payments will also be reevaluated at that time and adjustments made in order to maximize use of insurance benefits while ensuring the viability of substance abuse treatment services on Lanai.
2. Clients in any level of treatment shall meet the most current version of the American Society for Addictive Medicine Patient Placement Criteria (**ASAM PPC**) for admission, continuance, and discharge. The APPLICANT shall document in writing in the client's chart that ASAM criteria have been met.
3. Each part of the continuum shall include, as appropriate, the face-to-face activities which are defined in ADAD's **Substance Abuse Treatment Guidelines** found in Section 5, Attachment E-1.
4. The APPLICANT that provides Outpatient, Intensive Outpatient, and Residential levels of treatment shall develop and implement an appropriate transition plan for each client in the final phase of treatment prior to discharge. The plan shall address transition and recovery issues and relapse prevention.
5. All clients appropriate for transfer to a less restrictive level of service shall be referred for transfer as established in **Sec. 334-104, HRS**, Least Restrictive Level of Service.
6. Adult treatment programs shall administer the **Addiction Severity Index (ASI)** as part of the initial assessment and upon discharge to all clients admitted for treatment. Results of the **ASI** must be included in the Client Data System Admission form.

7. The APPLICANT shall comply with ADAD's **Wait List Management and Interim Services Policy and Procedures** as specified in Section 5, Attachment E-2.
8. The APPLICANT shall adopt and implement a policy on alcohol and other drug use (including psychotropic, mood stabilizing medication and methadone) while clients are in treatment. **Clients cannot be excluded solely on the basis of use of medically prescribed medication.**
9. The APPLICANT shall comply with **Sec. 1924(a) of Public Law (P.L.) 102-321**, which states that the program shall routinely make available tuberculosis (TB) services to all clients either directly or through arrangements with public or nonprofit agencies. If the program is unable to accept a person requesting services, the program shall refer the person to a provider of TB services. TB services shall include, but not be limited to, counseling; testing to determine whether the individual has contracted the disease and to determine the appropriate form of treatment; and treatment.
10. The program shall comply with the following sections of **P.L. 102-321** regarding treatment services for pregnant women and women with dependent children:
 - a. Pursuant to **Sec. 1922(c)(3)**, make available, either directly or through arrangements with other public or nonprofit agencies, prenatal care to women receiving services, and childcare while the women are receiving the services.
 - b. Pursuant to **Sec. 1927**, comply with the following requirements:
 - 1) Give preference for admission to treatment to pregnant women who seek or are referred for and would benefit from treatment; and
 - 2) Advertise that pregnant women shall receive preference for treatment on any brochures or materials published by the agency.
11. The APPLICANT may use the "Partner Abuse and Sexual Assault Risk Assessment Guidelines" in Section 5, Attachment E-6 as a guideline in determining the extent to which female clients have unresolved issues of partner abuse and sexual assault, the extent to which more specialized treatment and referral is needed for these issues, and the extent to which these issues can be dealt with in the substance abuse treatment program. After decisions have been made regarding the recipients of awards, ADAD will meet individually or in groups with AWARDEES to discuss appropriate implementation of the intent of this assessment, including what questions to ask, when, by whom, and how the results may be used in order to assure that the assessment guideline is used with flexibility, sensitivity, and timeliness

appropriate to the needs of each individual female client. Clients shall be assessed by appropriately trained staff.

B. Management Requirements (Minimum and/or mandatory requirements)

1. Personnel

2. The APPLICANT shall ensure that staff receive appropriate supervision including clinical supervision, and administrative direction.

Individuals performing the following function shall be Hawaii State certified substance abuse counselors (CSACs) pursuant to **321-193 (10), Hawaii Revised Statutes (HRS)**, or hold an advanced degree in behavioral health sciences:

- Clinical supervision

CSACs and individuals who hold an advanced degree in behavioral health sciences preferably shall perform the following functions; however, non-CSACs or non-Masters level providers may be utilized as long as they are directly supervised* by a CSAC or Masters level counselor and are working toward certification:

- Clinical evaluation
- Treatment planning
- Individual, group, and family counseling

*Direct supervision means a minimum of one hour of supervision for every seven hours of performance. This involves teaching the supervisee about each core function of a substance abuse counselor, demonstrating how each core function is accomplished, the supervisee sitting in while the supervisor performs the function, the supervisee performing the function with the supervisor present, and, finally, the supervisee performing the function independently but with review and feedback from the supervisor. In addition, supervisees shall be required to attend ADAD-approved CSAC preparatory training when available.

- c. The APPLICANT shall assure at least 12 hours of relevant clinical training per year for each staff person providing clinical services per **11-175-14(e)(1)-(4), HAR**, which shall include:
- 1) Staff education on HIV and AIDS.
 - 2) Staff education on the risks of TB for those abusing substances.

- d. The APPLICANT shall document verifiable experience of staff in any specialized therapeutic activities, such as psychotherapy or family therapy, and/or experience in working with relevant specialized populations such as women, minorities, or adolescents.
- e. Staffing shall reflect a multi-disciplinary team effort to the greatest extent possible.
- f. Therapeutic Living Programs shall be provided by staff with knowledge in substance abuse problems and experience in case management.
- g. The APPLICANT shall have on the premises at least one person currently certified for First Aid and CPR.
- h. The APPLICANT shall maintain documentation for each employee of an initial and annual tuberculosis (TB) skin test or chest X-ray.
- i. The APPLICANT shall conduct, at a minimum, a criminal history record check for any person who is employed or volunteers in an administrative or program position which necessitates close proximity to clients. For administrative and program staff working in a position which necessitates close proximity to children or adolescents, the criminal history check shall also include fingerprinting. A copy of the criminal history record check shall be placed in the employee's or volunteer's personnel file and shall be available for review.

2. Administrative

- a. Pregnant women shall receive preference for treatment. To ensure that pregnant women and referring programs are aware of this preference, any brochures or materials published by the APPLICANT shall advertise that pregnant women shall receive preference for treatment.
- b. The APPLICANT shall not use the Department of Health's funding to make payment for any service which has been, or can reasonably be expected to be, made under another State compensation program, or under any insurance policy, or under any Federal or State health benefits program (including the program established in Title XVIII of the Social Security Act and the program established in Title XIX of such Act), or by any entity that provides health services on a prepaid basis. ADAD funds may be used to supplement QUEST-Net substance abuse services after those benefits have been exhausted and up to the limit of QUEST substance abuse benefits.

- c. The APPLICANT shall maximize reimbursement of benefits through Hawaii **QUEST** and **QUEST-Net**.
- d. The APPLICANT shall comply with the Department of Human Service's **QUEST** and **QUEST-Net** policies unless otherwise authorized in writing by ADAD.
- e. The APPLICANT shall refund to the DEPARTMENT any funds unexpended or expended inappropriately.
- f. The APPLICANT under the actual expenditure method of reimbursement shall assure that all equipment and unused supplies and materials purchased with funds paid to it shall become the property of the DEPARTMENT upon completion or termination of the contract.
- g. The APPLICANT under the actual performance method of reimbursement shall assure that program income and/or surplus earned during the contract period shall be used to further the program objectives; otherwise the DEPARTMENT will deduct the surplus from the total contract amount in determining the net allowable cost on which the state's share of cost is based.

3. Quality assurance and evaluation specifications

The quality assurance program includes the specifications to monitor, evaluate and improve the results of the program.

- a. The APPLICANT shall have a quality assurance plan which identifies:
 - The mission of the organization
 - What services will be provided
 - How services are delivered
 - Who is qualified to deliver them
 - Who is eligible to receive the services
 - What standards are used to assess or evaluate the quality and utilization of services
- b. The quality assurance plan shall:
 - Serve as procedural guidelines for staff, and will
 - Confer designated individuals and committees with the authority to fulfill their responsibilities in the areas of quality assurance.
- c. The quality assurance process shall serve as a source of information for internal and external parties interested in knowing how the program monitors and improves the quality of its services:
 - Findings shall be summarized and reviewed by the quality assurance committee.

- Information shall be conveyed at least semi-annually to:
 - The program administrator (e.g. clinical supervisor, program director)
 - The organization's executive officer (e.g. Executive Director) and
 - Governing body (e.g. Board of Directors)
- d. The quality assurance system shall:
- Identify strengths and deficiencies
 - Indicate corrective actions to be taken and validate corrections
 - Recognize and implement innovative, efficient, or effective methods for the purpose of overall program improvement.
- e. Program evaluation shall reflect the documentation of the achievement of the stated goals of the program using tools and measures consistent with the professional standards of the disciplines involved in the delivery of services.

4. Output and performance/outcome measurements

- a. Performance measures shall be summarized and analyzed on a yearly basis as specified in ADAD's **Year-End Program Report** and shall be based on the data specified below, which is, with the exception of #1, taken from the Client Data System Follow-Up Report form (CDS). The CDS is required to be administered to all admitted clients. The APPLICANT shall set a threshold percentage of achievement for each of the following CDS items:
- 1) Number of clients completing treatment. (CDS Discharge Report #9)
 - 2) Employment status at follow-up. (CDS #12)
 - 3) Living arrangements at follow-up. (CDS #13)
 - 4) Number of clients receiving substance abuse treatment since discharge. (CDS #17)
 - 5) Number of clients currently in substance abuse treatment. (CDS #18)
 - 6) In the past thirty (30) days, number of clients experiencing significant periods of psychological distress. (CDS #22)
 - 7) In past thirty (30) days, number of days of work/school missed because of drinking/drug use. (CDS #23)
 - 8) Number of arrests since discharge. (CDS #24)
 - 9) Number of emergency room visits since discharge. (CDS #25)
 - 10) Number of times client has been hospitalized for medical problems since discharge. (CDS #26)
 - 11) Frequency of use thirty (30) days prior to follow-up. (CDS #33)
 - 12) Usual route of administration. (CDS #34)

Note: CDS numbers may change throughout the contract period if forms are revised. Therefore, it is the content of the item that needs to be reported on.

- b. The APPLICANT shall submit a **CDS Follow-Up Report** form for all clients admitted to the program six (6) months after termination, regardless of the reason for discharge. Sufficient staff time shall be allocated for follow-up to ensure at least three (3) attempts to contact clients using at least two (2) different methods (e.g., mail out, telephone, face-to-face) are made, and to assure that unless the client has died or left no forwarding address they will be contacted.
- c. APPLICANTS who contracted with ADAD during the contracting period immediately preceding this RFP are expected to report performance data on a continuous basis, e.g., follow-up data from clients served during the previous contract should be included in the following contract year, as applicable.

5. Experience

The APPLICANT shall have a minimum of one year experience in the provision of substance abuse treatment services or in the provision of Therapeutic Living Program (Supportive Living) services for substance abuse clients.

6. Coordination of Services

- a. The APPLICANT intending to provide only part of the continuum shall have and document appropriate linkages to other services on the continuum.
- b. The APPLICANT shall collaborate with other appropriate services including but not limited to health, mental health, social, correctional and criminal justice, educational, vocational rehabilitation, and employment services.
- c. The APPLICANT shall maintain a current base of information and referral sources on alcohol, tobacco and other drug, substance abuse and related problem behaviors and treatment resources. Such information shall be made easily accessible to staff and program recipients.

7. Reporting requirements for program and fiscal data

Note: Program and fiscal data reporting requirements may change to be in compliance with the Federal Health Insurance Portability and Accountability Act (HIPAA).

- a. Required Program Reports:

The APPLICANT shall submit, in the format specified by ADAD, **Quarterly Program Reports** summarizing client output data and **Year-end Program Reports** summarizing and analyzing required performance data (see 4.a. above). Quarterly reports are due 30 days after the end of the quarter. Year-end Reports are due 45 days after the end of each fiscal year.

Example

For contracts beginning July 1:

Quarter 1:	July 1 - September 30.	Report due October 31.
Quarter 2:	October 1 - December 31.	Report due January 31.
Quarter 3:	January 1 - March 31.	Report due April 30.
Quarter 4:	April 1 - June 30.	Report due July 31.
Year End:	July 1 - June 30.	Report due August 15.

b. Required Fiscal Reports:

- 1) For **Actual Expenditure** contracts, the APPLICANT shall submit monthly the **Statement of Revenue and Expenditures** report, (**ADAD Fiscal Form 200, 9/95**).
- 2) For **Actual Performance** contracts, the APPLICANT must have sufficient computer capacity to utilize ADAD's computerized **POS Provider Sub-system** and shall submit monthly requests for reimbursement (invoices), client services information and **Client Data System (CDS)** data on computer diskette. CDS forms include **Admission, Discharge and Follow-up Report** forms. A hard copy of the monthly invoice with an original signature shall also be submitted.
- 3) Within 45 calendar days after the expiration of each contract year, the APPLICANT shall submit to ADAD the **Statement of Revenue and Expenditures** summarizing the actual expenditures for the fiscal year and the **Year-end Program Report** which includes client services data describing total number of units of service provided by contract, site and modality, client performance data and other contract close-out documentation as specified by ADAD.

Note: The State will perform the audit of the APPLICANT to assure services billed have been provided and documented. The audit shall, at a minimum, include evaluating the client's financial eligibility, the financial statement, and receipts, confirming billed service with service documentation in the client chart, and other documents as requested by the State.

8. Pricing or pricing methodology to be used

Reimbursement will be by Actual Expenditures the first year of the contract. Reimbursement methods will be re-evaluated after six months and after one year and may change to Actual Performance at the fixed rate listed under “9. Units of service and unit rate.” provided the program is able to maintain viability.

9. Units of service and unit rate

Note: The state has the option to adjust unit rates on contracts covered under this RFP. The Alcohol and Drug Abuse Division may change all or part of the pricing structure from a fixed unit rate to cost reimbursement or from cost reimbursement to a fixed unit rate. Performance based contracts will use the following rate schedule:

a. Intensive Outpatient Substance Abuse Treatment:

- 1) The unit of performance shall be a **per diem**. The APPLICANT may bill by quarter hour (15 minute) increments in excess of one (1) hour.
- 2) The rate shall be ONE HUNDRED FIVE DOLLARS (**\$105**) **per day** for face-to-face individual, group, and/or family sessions. Intensive Outpatient Programs can bill for the day of admission but not for the day of discharge.
- 3) The maximum reimbursement shall be THREE HUNDRED FIFTEEN DOLLARS (**\$315**) **per week**, preferably in blocks of three hours of treatment per day.
- 4) The maximum length of stay shall be forty (**40**) **days** per client per year.

b. Outpatient Substance Abuse Treatment:

- 1) The unit of performance is sixty (**60**) **minutes**. The APPLICANT may bill by quarter hour (15 minute) increments in excess of 30 minutes.
- 2) The rates shall be:
 - (a) SEVENTY-FIVE DOLLARS (**\$75**) for a sixty (60) minute **individual** activity per client.
 - (b) FORTY-EIGHT DOLLARS (**\$48**) for a sixty (60) minute **group** activity per client.
 - (c) SEVENTY-FIVE DOLLARS (**\$75**) for a sixty (60) minute **family counseling** activity.
- 3) Reimbursable activities shall consist of face-to-face individual sessions including screening, assessment, treatment planning, and counseling; and group sessions including process, education, skill building, and recreation groups; and family counseling. The APPLICANT can bill only for screenings that result in a client's admittance into the Outpatient Program.

- 4) The maximum hours of service shall be ninety-six **(96) hours** per client per year.

IV. Facilities

The APPLICANT shall provide a description of the facility(s) and site(s) it proposes to use for the requested services, including the items below:

- A. Physical address.
- B. Narrative description
- C. Detailed description of how the facility meets, or plans to meet, ADA requirements
- D. Description of the facilities accessibility to clients

Section 3

Proposal Application Instructions

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Section 3

Proposal Application Instructions

General instructions for completing applications:

- *Proposal Applications shall be submitted to the state purchasing agency using the prescribed format outlined in this section. APPLICANT'S attention is drawn to the following format requirements:*
 - *Do not exceed specified page limits. Attachments are not included within the page limitations.*
 - *Use 1" margins*
 - *Use a 12 point font. (smaller fonts may be used in attachment tables and forms)*
 - *Single space pages*
- *The numerical outline for the application, the titles/subtitles, and the applicant organization and RFP identification information on the top right hand corner of each page should be retained.*
- *Page numbering of the Proposal Application should be consecutive, beginning with page one and continuing through for each section. **See sample table of Contents***
- *Proposals may be submitted in a three ring binder (Optional).*
- *Tabbing of sections (Recommended).*
- *Applicants must also include a Table of Contents with the Proposal Application. A sample format is reflected in Section 5, Attachment B of this RFP.*
- *A written response is required for **each** item unless indicated otherwise. Failure to answer any of the items will impact upon an APPLICANT's score. To get credit for a response to a specific item, the response must be included in the section under which it is scored or it will not be credited.*
- *Applicants are **strongly** encouraged to review evaluation criteria in Section 4, Proposal Evaluation when completing the proposal.*
- *This form (SPO-H-200A) is available on the SPO website (for the website address see the Proposal Application Checklist in Section 5, Attachments). However, the form will not include items specific to each RFP. If using the website form, the APPLICANT must include all items listed in this section.*

The Proposal Application comprises the following sections:

- *Proposal Application Identification Form*
- *Table of Contents*
- *Program Overview*
- *Experience and Capability*
- *Project Organization and Staffing*
- *Service Delivery*
- *Financial*
- *Other*

I. Program Overview (Previously Background and Summary. No longer scored.)

APPLICANT shall give a brief overview to orient evaluators as to the program/services being offered. Include an Organization-wide organizational chart that shows where the proposed program fits within the APPLICANT agency. See a sample in Section 5 - Attachments, C-5.

II. Experience and Capability (*10 page maximum for Sections A—D*)

A. Necessary Skills (*2 pages*)

The applicant shall demonstrate that it has the necessary skills, abilities, and knowledge relating to the delivery of the proposed services.

B. Experience (*2 pages*)

The APPLICANT shall also provide a listing of verifiable experience with projects or contracts for the most recent five years that are pertinent to the proposed services.

Respond to Section 2, Subsection III.B.5.”Experience” of the RFP regarding experience requirements in the provision of substance abuse treatment and Therapeutic Living Programs.

C. Quality Assurance and Evaluation (*4 pages*)

The applicant shall describe its quality improvement and risk management plans for the proposed services, including methodology.

Respond to Section 2, Subsections III.B.3, “Quality assurance and evaluation specifications” and III.B.4, “Output and performance/outcome measurements” of the RFP. Present a plan for collecting, analyzing, and reporting the information required to document that the APPLICANT’S goals and objectives have been reached. Document the appropriateness of the proposed outcome measures for the target population. Describe how adherence/fidelity to implementation of the proposed model will be achieved, and how results will be assessed. Set a threshold percentage for each Outcome Objective specified in this subsection and provide the rationale for not setting a lower or higher percentage.

D. Coordination of Services (*1 page*)

The APPLICANT shall demonstrate the capability to coordinate services with other agencies and resources in the community.

1. Describe coordination efforts with other agencies and resources. Efforts towards reduction of fragmentation and/or duplication of services should be described.
2. Describe and document arrangements with other agencies to provide other levels of care as needed for clients.
3. Specify any intermediaries, e.g., school, personnel, judiciary, mental health centers, QUEST plans, etc., whose involvement is critical for the program to work. Indicate if and how these intermediaries will cooperate.

Respond to Section 2, Subsection III.B.6 “Coordination of Services” of the RFP.

E. Facilities (*1 page*)

The APPLICANT shall provide a description of its facilities and demonstrate its adequacy in relation to the proposed services. If facilities are not presently available, describe plans to secure facilities. Also describe how the facilities meet ADA requirements, as applicable, and special equipment that may be required for the services.

Respond to Section 2, II.A.1.a, “Special Treatment Facility” license requirements, II.A.1.b “Therapeutic Living Program Requirements” (facility criteria), and IV. “Facilities” requirements of the RFP as appropriate.

III. Personnel: Project Organization and Staffing (7 page maximum)

A. Proposed Staffing (*2 pages*)

The APPLICANT shall describe the proposed staffing pattern, client/staff ratio and proposed caseload capacity appropriate for the viability of the services. Refer to the personnel requirements in the Service Specifications, as applicable. Indicate the Staff-To-Client Ratio for each modality as described in the **Service Delivery Tables** in Section 5, Attachment C-4.

Discuss staffing, including level of effort with justification for key personnel. Include position descriptions for all significant staff budgeted to this program directly or through subcontract. For direct service staff, reflect any minimum qualifications, including experience, as specified in Section 2, Subsection III.B.1. of the RFP.

B. Staff Qualifications (2 pages)

The APPLICANT shall provide the minimum qualifications, including experience for staff assigned to the program. Refer to the qualifications in the Service Specifications, as applicable. Complete the **Staffing Position Chart** in Attachment C-1. Incumbent Qualifications column needs to be completed with actual qualifications, not with a reference to the job descriptions or resumes.

Describe the extent to which the staff's qualification/competency is responsive to the needs of the target population and how cultural competence issues are addressed. Respond to Section 2, Subsection III.B.1. of the RFP.

Include resumes for key administrative and clinical personnel.

C. Supervision and Training (2 pages)

The APPLICANT shall describe its plan and ability to supervise, train and provide administrative direction relative to the delivery of the proposed services. Refer to the RFP Section 2, Subsection III.B.1.a. and b. for requirements regarding supervising and training direct service staff, and to Subsections c. – h. as appropriate, for additional staff qualifications and requirements.

D. Organization Chart

The APPLICANT shall provide a "Program-wide" organizational chart that reflects the position of each staff and line of responsibility/supervision. Include position title, name and full-time equivalency. The "Organization-wide" organizational chart is addressed under I. "Program Overview" above on page 3-2.

Provide a program-wide organizational chart, show each position budgeted to the program, including **title, level** (e.g., paraprofessional, bachelor's, master's), and full-time equivalency (**FTE**); **each geographic area**; and **lines of authority/supervision**. Present a justification for the staffing pattern, taking into account the numbers of people to be served and the levels of service activities to be provided. See a sample in Section 5 - Attachment C-5.

IV. Service Delivery (20 page maximum)

The Service Delivery Section shall include a detailed discussion of the APPLICANT'S approach to applicable service activities and management requirements from Section 2, Item III. - Scope of Work, including (as indicated) a work plan of all service activities and tasks to be completed, related work assignments/responsibilities and timelines/schedules. A separate weekly

schedule, showing all hours of operation for all seven days, needs to be submitted for each modality the APPLICANT is applying for showing the activities to be provided to ADAD clients. Work Plan Forms are found in Attachment C.

Describe the treatment component to be created or expanded and document that it demonstrates best practices based on research and clinical literature or successful outcomes based on local outcome data, and follows the **NIDA Principles of Effective Treatment** found in Section 5, Attachment E-3. For treatment components that will be expanded, include data on current capacity, average length of treatment, retention rates, and outcomes. Address how services will be provided to each targeted population to be served by this proposal.

Provide annual quantitative goals and objectives for the treatment component in terms of the numbers of individuals to be served, types and numbers of services to be provided, and outcomes to be achieved. Describe how the targeted population will be recruited into treatment and retained in treatment. Include a description of available resources (e.g., facilities, equipment).

Present a management plan which discusses the proposed schedules of activities, products, events, and implementation timelines.

Describe the basis of any curricula to be used and describe how each curriculum will be applied to the targeted population to be served by this proposal.

Respond to the following Subsections of Section 2 of the RFP:

- I.C. "Description of the goals of the service;"
- I.D. "Description of the target population to be served;"
- I.E. "Geographic coverage of service;"
- II.A.2-16 "Specific Requirements;" and
- III.A.1.a-e, and 2-14 "Service Activities."

V. Financial (*1 page maximum for Section A*)

A. Pricing Structure (*1 page*)

The APPLICANT shall submit a cost proposal utilizing the pricing structure designated in Section 2 of the RFP sub-category for which it is applying. The cost proposal shall be attached to the POS Proposal Application.

1) Pricing Structure Based on Cost Reimbursement

The cost reimbursement pricing structure reflects a purchase arrangement in which the State pays the contractor for budgeted costs that are actually incurred in delivering the services specified in the contract, up to a stated maximum obligation.

Only the following budget form(s), as indicated on the Competitive POS Application Checklist, shall be submitted with the POS Proposal Application:

- | | | |
|----|-----------------|---|
| a. | Form SPO-H 205 | Budget |
| b. | Form SPO-H 205B | Organization-Wide Budget by Programs |
| c. | Form SPO-H 206A | Personnel - Salaries & Wages |
| d. | Form SPO-H 206B | Personnel- Payroll Taxes, Assessments, and Fringe |
| e. | Form SPO-H 206C | Travel -Inter-island |
| f. | Form SPO-H 206E | Contractual Services-Administrative |
| g. | Form SPO-H 206F | Contractual Services - Subcontracts |
| h. | Form SPO-H 206H | Program Activities |
| i. | Form SPO-H 206I | Equipment Purchases |
| j. | Form SPO-H 206J | Motor Vehicle |

All budget forms, instructions and samples are located on the SPO Website (see the POS Proposal Checklist in Section 5 for website address). The following additional documents from Attachment C, Work Plan Form, shall also be completed and submitted with the proposal:

- | | | |
|----|----------------|-----------------------------------|
| k. | Attachment C-1 | Organization-wide RFP Information |
| l. | Attachment C-2 | Staffing Position Chart |

2) Pricing Structure Based on Negotiated Unit of Service Rate

NOT APPLICABLE TO THIS RFP

3) Pricing Structure Based on Fixed Unit of Service Rate

The fixed rate pricing structure reflects a purchase arrangement in which the State pays the contractor a pre-determined fixed rate for a performance unit.

Only the following budget form(s), which are contained on the SPO Website, shall be submitted with the POS Proposal Application:

- | | | |
|----|-----------------|--|
| a. | Form SPO-H 205 | Budget |
| b. | Form SPO-H 205B | Organization-Wide Budget by Programs |
| c. | Form SPO-H 206A | Personnel – Salaries & Wages |
| d. | Form SPO-H 206B | Personnel – Payroll Taxes, Assessments, and Fringe |
| e. | Form SPO-H 206C | Travel – Inter-island |
| f. | Form SPO-H 206E | Contractual Services – Administrative |
| g. | Form SPO-H 206F | Contractual Services – Subcontracts |
| h. | Form SPO-H 206H | Program Activities |
| i. | Form SPO-H 206I | Equipment Purchases |
| j. | Form SPO-H 206J | Motor Vehicle |

All budget forms, instructions and samples are located on the SPO Website (see the POS Proposal Checklist in Section 5 for website address). The following additional documents from Attachment C, Work Plan Form, shall also be completed and submitted with the proposal:

- k. Attachment C-1 Organization-wide RFP Information
- l. Attachment C-2 Staffing Position Chart
- m. Attachment C-3 Performance Based Budget

The APPLICANT is requested to furnish a reasonable estimate of the maximum number of service units it can provide in each modality for which there is sufficient operating capacity (adequate, planned and budgeted space, equipment and staff).

4) Pricing Structure Based on Fixed Price

NOT APPLICABLE TO THIS RFP

B. Other Financial Related Materials (*Page limitation not applicable*)

1) Accounting System

In order to determine the adequacy of the APPLICANT'S accounting system as described under the administrative rules, the following documents are requested as part of the POS Proposal Application (may be attached):

- a. The latest Single Audit Report, Financial Audit (no earlier than June 30, 2003), or financial statement.
- b. Cost Allocation plan which provides an explanation of how costs are allocated to various sources of funding.

Respond to Section 2, subsection II.A.2-5, "General Requirements."

For the APPLICANT'S organization, list all currently active support and any applications/proposals pending review or funding that relate to the proposed program. If there are none, state "none." For all active and pending support listed, provide the following information:

- 1. Source of support (including identifying number and title.
- 2. Dates of entire project period.
- 3. Annual direct costs supported/requested.

4. Whether project overlaps, duplicates, or is being supplemented by the present application, with delineation and justification of the nature and extent of any programmatic and/or budgetary overlaps.
5. Respond to Section 2, I. E., Probable funding amounts, source, and period of availability, *Pending availability of General funds. Funding may only be available for one year. APPLICANTS must have a sustainability plan for year two if funding is not available.

Describe in detail plans to sustain this project after year one if no further general funds are available.

2) Tax Clearance Certificate (Form A-6)

An original or certified copy of a current, valid tax clearance certificate issued by the Hawaii State Department of Taxation (DOTAX) and the Internal Revenue Service (IRS) shall be submitted **upon notification of award**. The two-part Tax Clearance Application (Form A-6) that combines DOTAX and IRS tax clearance shall be used for this purpose.

VI. Other (*Page limitation not applicable*)

A. Litigation

The APPLICANT shall disclose any pending litigation, to which they are a party, including the disclosure of any outstanding judgment. If applicable, please explain.

B. Certifications and Assurance

The APPLICANT shall complete the Certifications and Assurance found in Section 5, Attachment D.

Section 4

Proposal Evaluation

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Section 4

Proposal Evaluation

I. Introduction

The evaluation of proposals received in response to the RFP will be conducted comprehensively, fairly and impartially. Structural, quantitative scoring techniques will be utilized to maximize the objectivity of the evaluation.

II. Evaluation Process

The procurement officer or an evaluation committee of designated reviewers selected by the head of the state purchasing agency or procurement officer shall review and evaluate proposals. When an evaluation committee is utilized, the committee will be comprised of individuals with experience in, knowledge of, and program responsibility for program service and financing.

The evaluation will be conducted in three phases as follows:

- Phase 1 – Evaluation of Proposal Requirements
- Phase 2 – Evaluation of Proposal Application
- Phase 3 – Recommendation for Award

Evaluation Categories and Thresholds

Evaluation Categories

Possible Points

Administrative Requirements

Proposal Application

100 Points

Program Overview	0 points
Experience and Capability	20 points
Project Organization and Staffing	15 points
Service Delivery	55 points
Financial	10 Points

TOTAL POSSIBLE POINTS

100 Points

Each of the bulleted items below in Section 4 have been assigned a point value and will be rated by the Technical Review Committee. The committee will use the following scale to rate each of these items. The percentage for the rated level will be multiplied by the maximum number of points for that item. For example, if an item is worth 6 points and the reviewer rated it as a Satisfactory response, the score for that item would equal 60% X 6 = 3.6.

0	20%	40%	60%	80%	100%
Not Addressed	Unsatisfactory	Somewhat Satisfactory	Satisfactory	Very Satisfactory	Excellent

Excellent – All items were addressed satisfactorily. Some items were addressed in an exceptionally clear, concise, or original manner.

Satisfactory – All major items were addressed. APPLICANT may just repeat the requirements in the RFP.

Unsatisfactory – A major item was not addressed or was addressed incorrectly, or was addressed in the wrong category.

Not Addressed – The required information was not present in the APPLICANT'S proposal.

III. Evaluation Criteria

Phase 1 – Evaluation of Proposal Requirements

1. Administrative Requirements	
Phase I: Mandatory Proposal Requirements: (These must be submitted or addressed)	Present = √ Absent = 0 Incomplete = I
• Application Checklist	
• Registration (Form SPO-H-100A if not pre-registered with the State Procurement Office)	
• Tax Clearance Certificate (with proposal or when contract is awarded)	
• Required Licenses (if applicable)	
• POS Application Identification Form (Form SPO-H-200)	
• Table of Contents	
• Litigation Disclosure (for review & determination)	
• Administrative Assurances	
• Program Overview	

1. Administrative Requirements	
<ul style="list-style-type: none"> All of the categories in Phase II below must be addressed 	

2. Proposal Application Requirements

- Experience and Capability
- Project Organization and Staffing
- Service Delivery
- Financial (All required forms and documents)
- Program Specific Requirements (as applicable)

Phase 2 – Evaluation of Proposal Application (100 Points)

Program Overview: No points are assigned to Program Overview. The intent is to give the applicant an opportunity orient evaluators as to the service(s) being offered.

1. *Experience and Capability (20 Points)*

The State will evaluate the applicant's experience and capability relevant to the proposal contract, which shall include:

A. Necessary Skills (6)

- Demonstrated skills, abilities, and knowledge relating to the delivery of the proposed services.

6

B. Experience (5)

- Provided a description of verifiable experience with projects/contracts for the most recent 5 years pertinent to the proposed services. Consider experience with same age level, delivery of service in same geographic area, delivery of same modality of service, and other specialization appropriate to the population,

4

- Demonstrated satisfactory performance

1

C. Quality Assurance and Evaluation (4)

- The quality assurance and evaluation plan identifies: the mission of the organization, what services will be provided, how they are delivered, who is qualified to deliver them, who is eligible to receive the services, and what standards are used to assess or evaluate the quality and utilization of services.. 1
- The quality assurance plan serves as procedural guidelines for staff, and confers designated individuals and committees with the authority to fulfill their responsibilities in the areas of quality assurance. 1
- The quality assurance process serve as a source of information for parties interested in knowing how the program monitors and improves the quality of its services: Findings are integrated and reviewed by the quality assurance committee, and information is conveyed to the program administrator and the organization's executive officer and governing body (e.g. Board of Directors) at least semi-annually. .5
- The quality assurance system identified strengths and deficiencies, indicates corrective actions to be taken, validates corrections, and recognizes and implements innovative, efficient, or effective methods for the purpose of overall program improvement. 1
- Program evaluation reflects the documentation of the achievement of the stated goals of the program using tools and measures consistent with the professional standards of the disciplines involved in the delivery of services. .5

D. Coordination of Services (2)

- Demonstrated capability to coordinate services with other agencies and resources in the community to reduce fragmentation and/or duplication of services. .5
- Documented arrangements with other agencies to provide other levels of care. .5
- Specified appropriate intermediaries who are critical for the program to work and indicated how these intermediaries will cooperate. .5
- Demonstrated the maintenance of a current base of information and referral sources on alcohol, tobacco and other drug, substance abuse and related problem behaviors and treatment resources. .5

E. Facilities (3)

- Described the facilities and clearly demonstrated their adequacy in relation to the proposed services. 1.5
- Described realistic plans to secure a facility if one is not presently available. .5
- Described how the facilities meet ADAD requirements, as applicable and any special equipment that may be required for the services. Described viable alternate plans to meet ADAD requirements if facilities do not meet ADAD requirements. 1

2. Project Organization and Staffing (15)

The State will evaluate the applicant's overall staffing approach to the service that shall include:

A. Staffing (10)

- Proposed Staffing: The proposed staffing pattern, client/staff ratio, and proposed caseload capacity is clearly described. The rationale to determine how many hours are needed to perform the activities for which part time positions are responsible is clearly presented. 2
- Staff Qualifications: The Client/Staff Ratio meets minimum requirements or is reasonable for the activity if no minimum is stated. There are adequate numbers of staff to cover the full program (sufficient staff to cover the program during staff illness, holidays and vacations) and staffing appears able to insure the viability of services. 5
- The proposed Staffing Pattern is consistent with the personnel requirements in the Service Specifications 3

B. Project Organization (5)

- Supervision and Training: Demonstrated ability to supervise, train and provide administrative direction to staff relative to the delivery of the proposed services. 3
- Organization Chart: Approach and rationale for the structure, functions, and staffing of the proposed organization for the overall service activity and tasks. 2

When scoring, refer to the following forms from the applicants proposal:

- Attachment C1, Staffing Position Chart
- Program Organization Chart
- Attachment C4, Service Delivery Tables

1. Resumes

3. Service Delivery (55 Points)

The State will assess the applicant's approach to the service activities and management requirements outlined in the Proposal Application. The criteria also includes an assessment of the logic of the work plan for the major service activities and tasks to be completed, including clarity in work assignments and responsibilities, and the realism of the timelines and schedules, as applicable.

- A. The service activities and management structure presented by the applicant meets the service activities and management requirements outlines in the POS proposal application and Section 3, Item III. Scope of Work, in the RFP
1. Service activities and tasks:
 - a. The modalities of service that the applicant intends to provide are clearly specified; including an estimation of the number of clients that the applicant plans to serve, and match part III. Scope of Work specified in the RFP, per proposal narrative, the Service Delivery Table, and Program-wide Organization chart. 3
 - b. The activities/methods the applicant intends to provide demonstrates best practices for the population. 3
 - c. The applicant demonstrates the capability to recruit and retain the population. 3
 - d. The applicant addresses demographic and cultural issues as appropriate for the target population. 3
 - e. The activities/methods that the applicant intends to use for each type of service and an estimation pf the Average Length of Stay (ALOS) for each type of service are clearly specified, and are consistent with the Definitions of Treatment Activities and Section 2, Item III. Scope of Work specified in the RFP, per proposal narrative and Performance Based Budget. 3
 - f. How the program will address transition and recovery issues and relapse prevention for clients who are in the final phase of treatment is clearly described and is sufficient to suggest a high degree of likelihood of successful transition. 3
 2. Related work assignments/responsibilities: The work assignments and responsibilities to carry out the activities are clearly presented and are sufficient to support the proposed activities. 3
 3. Timelines/Schedules
 - a. The length of the program in days or in hours, as appropriate, is clearly indicated in the Service Delivery Tables and is consistent with Section 2, Item III. Scope of Work, in the RFP. 3

b. A projected annual timeline of service objectives with start and end dates, as applicable (or open-ended services are specified) and hours of operation is provided and is realistic and practical.	3
c. A weekly schedule of activities for each modality is provided and is practical, meets the minimum hours per week of required service. A legend that corresponds to ADAD required activities has been provided indicating which activities are considered individual counseling or group activities and type.	3
B. Assessment of the logic of the work plan for the major service activities and tasks to be completed, including clarity in work assignments and responsibilities, and the practicality of the timelines and schedules, as applicable.	
1. The goals of the service are clearly described and are realistic and achievable.	5
2. The objectives the applicant's program is most focused on achieving are clearly described and are achievable.	3
a. A threshold percentage for each outcome specified in the RFP was established; and	
a. The selected level is sufficiently justified.	2
3. A clear rationale is given for the estimated number of ADAD clients that the applicant intends to service in each modality.	5
4. A clear rationale is provided for why the activities/methods that the applicant will use are appropriate for the target population and are most likely to achieve the objectives requested.	5
5. The work plan for the major service activities and tasks to be completed is logically related to the state goals and objectives, and is sufficient to suggest a high degree of likelihood that services will be delivered to the clients in an appropriate, timely, and effective manner.	5

4. **Financial (10 Points)**

A. **Pricing Structure**

➤ **Pricing structure based on cost reimbursement**

Personnel costs are reasonable and comparable to positions in the community. Non-personnel costs are reasonable and adequately justified. The budget fully supports the scope of service and requirements of the Request for Proposal

➤ **Pricing structure based on fixed unit of service rate**

Applicants proposal budget is reasonable, given program resources and operational capacity.

➤ **Budget forms are complete and accurate and support the narrative description in the proposal.**

2

2

B. Adequacy of accounting system.

The Single Audit Report or Financial Audit indicates minimal or no material deficiencies.

2

The Cost Allocation Plan provides a fiscally sound explanation of how costs are allocated to various sources of funding.

2

A sustainability plan for year two and beyond, if funding is not available, has been provided in detail and is feasible to sustain the project without additional state funds.

2

Phase 3 – Recommendation for Award

Each notice of award shall contain a statement of findings and decision for the award or non-award of the contract to each applicant.

Section 5

Attachments

- A. Proposal Application Checklist
- B. Sample Table of Contents
- C. Workplan Forms
- D. Federal Certifications and Drug Free Workplace Assurance
- E. Program Specific Requirements

Attachment A

Proposal Application Checklist

Applicant: _____

RFP No.: _____

The applicant's proposal must contain the following components in the order shown below. This checklist must be signed, dated and returned to the state purchasing agency as part of the Proposal Application. *SPO-H forms are located on the web at <http://www.spo.hawaii.gov> Click *Procurement of Health and Human Services* and *For Private Providers*.*

Item	Reference in RFP	Format/Instructions Provided	Required by Purchasing Agency	Completed by Applicant
General:				
Proposal Application Identification Form (SPO-H-200)	Section 1, RFP	SPO Website*	X	
Proposal Application Checklist	Section 1, RFP	Attachment A	X	
Table of Contents	Section 5, RFP	Section 5, RFP	X	
Proposal Application (SPO-H-200A)	Section 3, RFP	SPO Website*	X	
Registration Form (SPO-H-100A)	Section 1, RFP	SPO Website*	(Required if not Registered)	
Tax Clearance Certificate (Form A-6)	Section 1, RFP	Dept. of Taxation Website (Link on SPO website)*	(Required ONLY upon notification of an award)	
Cost Proposal (Budget)		Section 2 & 3, RFP	X	
SPO-H-205	Section 3, RFP	SPO Website*	X	
SPO-H-205A	Section 3, RFP	SPO Website* Special Instructions is applicable, Section 5	NO	
SPO-H-205B	Section 3, RFP,	SPO Website* Special Instructions, Section 5	X	
SPO-H-206A	Section 3, RFP	SPO Website*	X	
SPO-H-206B	Section 3, RFP	SPO Website*	X	
SPO-H-206C	Section 3, RFP	SPO Website*	X	
SPO-H-206D	Section 3, RFP	SPO Website*	Not Allowed	
SPO-H-206E	Section 3, RFP	SPO Website*	X	
SPO-H-206F	Section 3, RFP	SPO Website*	X	
SPO-H-206G	Section 3, RFP	SPO Website*	Not Allowed	
SPO-H-206H	Section 3, RFP	SPO Website*	X	
SPO-H-206I	Section 3, RFP	SPO Website*	X	
SPO-H-206J	Section 3, RFP	SPO Website*	X	
Certifications:				
Federal Certifications		Section 5, RFP		
Debarment & Suspension		Section 5, Att. D.RFP	X	
Drug Free Workplace (Assurance)		Section 5, Att. D.RFP	X	
Lobbying		Section 5, Att. D.RFP	X	
Environmental Tobacco Smoke		Section 5, Att. D.RFP	X	
Program Specific Requirements:				
Audit		Section 2 & 3,RFP	X	
Forms		Section 5, Att. RFP	X	

Authorized Signature

Date

Attachment B

Proposal Application Table of Contents

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	B. Experience.....	4
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	1. Supervision and Training.....	10
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IV.	Service Delivery.....	12
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	SPO-H-206C Budget Justification - Travel: Interisland	
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Attachment C

Workplan Forms

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STAFFING POSITION CHART

Position/Title Incumbent Name	Position Qualifications	Incumbent Qualifications	% Time To Agency	% Time To This Project	Activities Responsible For	Supervisor Position Title/Incumbent Name

ORGANIZATION-WIDE RFP INFORMATION

Page ____ of ____

Applicant/Awardee _____ **Period** _____ **RFP No:** _____

FUNDING SOURCES	SERVICES	RFP #/ ID #	ACTUAL SFY 2005*	AMOUNT REQUESTED**				
				SFY 2006	SFY 2007	SFY 2008	SFY 2009	
<i>TOTAL</i>								

Prepared by: _____

Phone No.: _____

Title: _____

Date: _____

*SFY (State Fiscal Year) 2006 period is from NTP 2005 to March 31, 2006.

** Submit information for SFY 2006 and 2007, at a minimum. Submit figures for SFYs 2007, 2008, and/or 2009 should the anticipated funding sources and/or amounts differ from SFY 2006. (Note: ADAD funds will remain the same.)

Instructions for Completing Form C-2 ORGANIZATION-WIDE RFP INFORMATION

Instructions: This form is to be used to report all organizational funds that support the program that will be providing services under this RFP. For HTH 440-1 Treatment RFPs, the services/modalities listed should match those listed in Attachment C-3, Performance Based Budget and Attachment C-4, Service Delivery Tables, of the RFP.
Page ____ of ____: Indicate the correct page number for this page and total number of pages.
Applicant/Awardee: Enter your organization name.
Period: Enter the Period of Availability from the 440-X* Sub-category, Section 2, I.F.
RFP NO.: Enter the number (RFP No.: HTH 440-X-XX*) from the upper right-hand corner of the RFP Sub-category you are responding to. The final digit(s) represent the specific RFP Sub-category specified in Section 2.
Funding Sources: Show all sources of support (anticipated or applied for) for this program by service/modality. Examples: DOH/ADAD, DHS, City & County, Federal, Private Insurance, QUEST, Client fees, fund raising, food stamps, etc.
Services: List the specific service/modality the funding source targets.
RFP # ID #: Enter the appropriate RFP or other Identification number of the Funding Source, as applicable.
Actual FY: List all actual funds received (or anticipated to be received) for this service/modality during the current fiscal year.
Amount Requested: Enter the amount of funds that you are requesting from each funding source Where ADAD is the funding source, do not enter an amount greater than the Probable Funding Amount listed in Section 2, I.F. of the RFP Sub-category, for the geographic area/target population you are applying for. Submit information for SFYs 2006 and 2007, at a minimum. Submit figures for SFYs 2008, and/or 2009, should the anticipated funding sources and/or amounts differ from SFYs 2006 and/or 2007. (Note: ADAD funds will remain the same.)
TOTAL: Provide summary Totals for the Actual FY and Amount Requested columns (by FY).
Prepared by:/Title/Phone No./Date: Type or print name of the person who prepared this form, their title and phone number and the date of preparation. If there are any questions, this person will be contacted for further information and clarification.

*For 440-X, "X" should be replaced with the appropriate RFP number: 440-1 or 440-3 for Treatment RFPs and 440-2 or 440-4 for Prevention RFPs. For 440-X-XX, "XX" should be replaced with the appropriate sub-category number, as listed in each individual RFP.

PERFORMANCE BASED BUDGET

Applicant/Provider: _____

MODALITY/ SERVICES TO BE PROVIDED	UNIT	COST	TOTAL AMOUNT				
	(bed day, hr/day/etc.)	\$	SFY 2005	SFY 2006	SFY 2007	SFY 2008	SFY 2009
TOTAL							

Prepared by: _____

Phone No.: _____

Date: _____

Signature of Authorized Official: _____

Phone No.: _____

Name & Title (Please Print or Type): _____

Date: _____

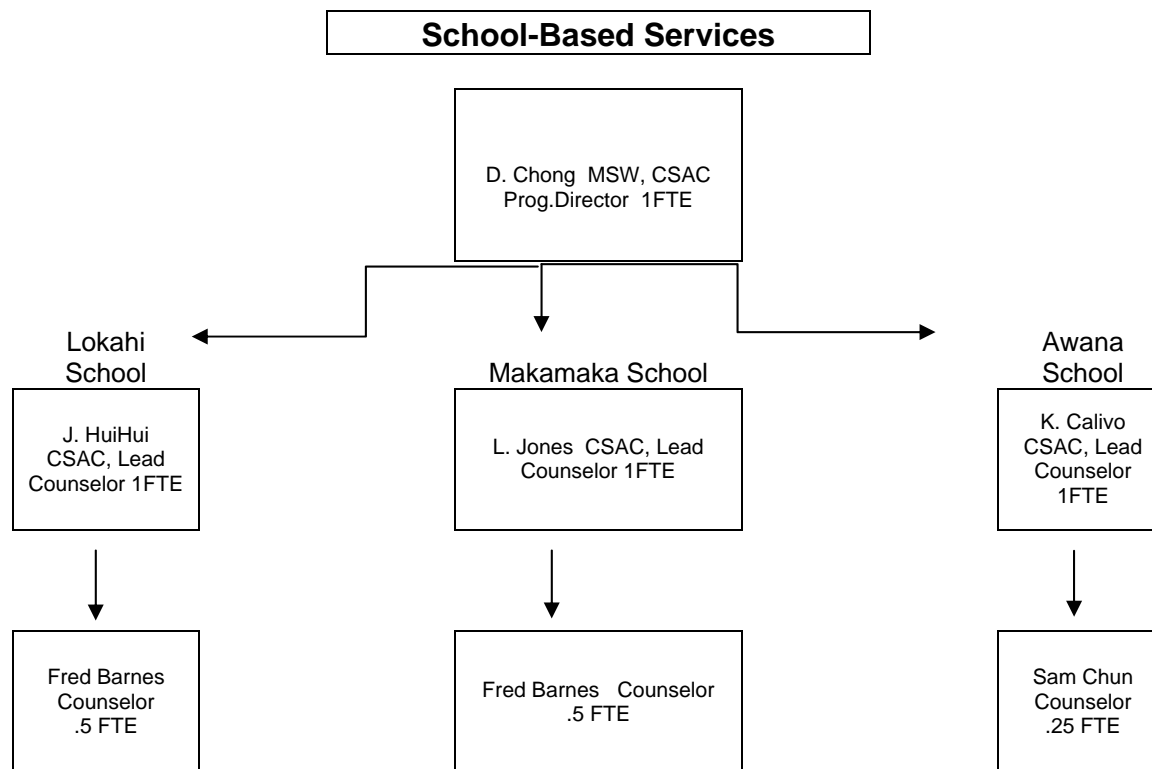
SERVICE DELIVERY TABLES

Modality	Staff-To-Client Ratio	Estimated Number of Clients to be Admitted	Total Average Units Per Client	Total Cost Per Client	Total Cost Per Modality
Residential					
Day Treatment					
Intensive Outpatient					
Outpatient					
Therapeutic Living					
Other (Describe)					

Submit a weekly schedule of activities for each modality to be provided. Activities which will be paid for by ADAD must be clearly identified either by the use of ADAD's Definition of Treatment Activities (Process Group, Task Group, Individual Counseling, etc.) or a legend which relates the agency's activity names to ADAD's Definitions. The name and position of the staff providing the activity, if known, should also be provided and match staff names provided in the Staffing Position Chart. Total Cost Per Modality should match the cost data provided on the Performance-Based Budget.

EXAMPLE

Program Organization Chart



NOTE: This example is for a School-Based program, but may be applied to any type of program.

General format to use for a Weekly Schedule

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
8:00							
9:00							
10:00							
11:00							
12:00							
1:00							
2:00							
3:00							
4:00							
5:00							
6:00							
7:00							
8:00							
9:00							
10:00							

Legend for ADAD Activities:

IC=Individual Counseling
 GP=Process Group
 GS=Skill Building Group
 GE=Educational Group
 GR=Recreational Group

Attachment D

Federal Certifications and Drug Free Workplace Assurance

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***CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND
VOLUNTARY EXCLUSION—LOWER TIER COVERED TRANSACTIONS***

This certification is pursuant to 45 CFR Part 76:

- (1) The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal Department or agency.
- (2) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Organization Name

Name of Authorized Representative

Title

Signature

Date

Instructions for Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion—Lower Tier Covered Transactions

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.
2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant shall provide immediate written notice to the Department of Health, Alcohol and Drug Abuse Division (ADAD) if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or had become erroneous by reason of changed circumstances.
4. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meaning set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact ADAD for assistance in obtaining a copy of those regulations.
5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
6. The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled “Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier Covered Transaction,” without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from covered transactions, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Nonprocurement Programs.
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

ASSURANCE REGARDING DRUG-FREE WORKPLACE

The Hawaii Department of Health, Alcohol and Drug Abuse Division (ADAD) is dedicated to providing the leadership necessary for the development and delivery of quality substance abuse prevention, intervention and treatment services for the residents of the State of Hawaii. As a direct recipient of Federal monies to achieve this goal, ADAD must comply with 45 CFR Part 76 to maintain a drug-free workplace.

Although national, State, and local efforts have begun to show encouraging results, the problem of alcohol and other drug abuse remains a serious issue. In addition to helping to reduce alcohol and other drug abuse, employers with successful drug-free workplace programs report decreases in absenteeism, accidents, downtime, turnover, and theft; increases in productivity; and overall improved morale (source: National Clearinghouse for Alcohol and Drug Information). Because of the overwhelming positive effects of Drug-free Workplace Policies, ADAD requires its prospective contractors to comply with the following:

The undersigned (authorized official signing for the applicant organization) certifies that the applicant will, or will continue to, provide a drug-free workplace by:

- (a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the contractor's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
- (b) Establishing an ongoing drug-free awareness program to inform employees about--
 - (1) The dangers of drug abuse in the workplace;
 - (2) The contractor's policy of maintaining a drug-free workplace;
 - (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
 - (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- (c) Making it a requirement that each employee to be engaged in the performance of the contract be given a copy of the statement required by paragraph (a) above;
- (d) Notifying the employee in the statement required by paragraph (a), above, that, as a condition of employment under the contract, the employee will --
 - (1) Abide by the terms of the statement; and
 - (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
- (e) Notifying the Department of Health, Alcohol and Drug Abuse Division (ADAD) in writing within ten working days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to ADAD on whose contract activity the convicted employee was working. Notice shall include the Department of Health, Administrative Services Office (ASO) contract log number of each affected contract;

For purposes of paragraph (e) regarding agency notification of criminal drug convictions, ADAD has designated the following central point for receipt of such notices:

Department of Health, Alcohol and Drug Abuse Division
601 Kamokila Boulevard, Room 360
Kapolei, HI 96707

- (f) Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d)(2), with respect to any employee who is so convicted--
 - (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 - (2) *Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency; and*
- (g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

Failure to comply with this policy may be considered a violation of the contract and may result in suspension of payments or termination of the contract. Please refer to ADAD's written policy regarding Drug-free Workplace Policy Requirements Affecting Contracted Providers for more information.

In addition to the above requirements, ADAD recommends that the Drug-free Policy be written to include the following, based on The National Clearinghouse for Alcohol and Drug Information (NCADI) recommendations:

- (1) ***Rationale***, including the reason for the policy, what the policy is designed to do, and how it was developed;
- (2) ***Expectations and Prohibitions***, including the employee behaviors that are expected, and exactly what substances and behaviors are prohibited;
- (3) ***Consequences and Appeals***, including precisely what will happen if an employee violates the policy, procedures for determining if an employee has violated the policy, and how appeals will be handled; and
 - (4) ***Benefits and Assurances***, including efforts to help employees comply with the policy, how requests for help will be handled, how employee confidentiality will be protected and how fairness and consistency will be maintained.

If further assistance is required to develop a suitable Drug-free Workplace Policy, please contact the Center for Substance Abuse Prevention's (CSAP) Workplace Hotline at 1-800-WORKPLACE.

Organization Name

Name of Authorized Representative

Title

Signature

Date

CERTIFICATION REGARDING LOBBYING

Title 31, United States Code, Section 1352, entitled "Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions," generally prohibits recipients of Federal grants, contracts, loans, and cooperative agreements from using Federal (appropriated) funds for lobbying the Executive or Legislative Branches of the Federal Government in connection with a SPECIFIC grant, contract, loan, or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant, contract, loan, or cooperative agreement must disclose lobbying undertaken with non-Federal (non-appropriated) funds. These requirements apply to Federal grants, contracts, loans, and cooperative agreements EXCEEDING \$100,000 in total costs (45 CFR Part 93).

The undersigned (authorized official signing for the applicant organization) certifies, to the best of his or her knowledge and belief, that:

- (1) No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. (Please submit Standard Form-LLL "Disclosure of Lobbying Activities," to the Department of Health, Alcohol and Drug Abuse Division ONLY if it is applicable to your organization as described herein. If needed, Standard Form-LLL and its instructions follow this certification form.)
- (3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Organization Name

Name of Authorized Representative

Title

Signature

Date

DISCLOSURE OF LOBBYING ACTIVITIES

Complete the form to disclose lobbying activities pursuant to 31 U.S.C. 1352
(See reverse for public burden disclosure.)

1. Type of Federal Action <input type="checkbox"/> a. contract b. grant c. cooperative agreement d. loan e. loan guarantee f. loan insurance	2. Status of Federal Action: <input type="checkbox"/> a. bid/offer/application b. initial award c. post-award	3. Report Type: <input type="checkbox"/> a. Initial filing b. material change For Material Change Only: Year _____ quarter _____ Date of last report _____
4. Name and Address of Reporting Entity: <input type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known; Congressional District, if known:		5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime: Congressional District, if known:
6. Federal Department /Agency:	7. Federal Program Name/Description: CFDA Number, if applicable: _____	
8. Federal Action Number, if known:	9. Award Amount, if known, \$	
10.a. Name and Address of Lobbying Registrant (if individual, last name, first name, MI):	10.b. Individual Performing Services (including address if different from No. 10a) (last name, first name, MI):	
11. Information request through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure	Signature: _____ Print Name: _____ Title: _____ Telephone No.: _____ Date: _____	
Federal Use Only		Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)

This disclosure form shall be completed by the reporting entity, whether subawardee of prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of Congress, or an employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a follow up report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, State and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in item 4 checks "Subawardee," then enter the full name, address, city, State and zip code of the prime Federal recipient. Include Congressional District, if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) number, Invitation for Bid (IFB) number; grant announcement number, the contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.
10. (a) Enter the full name, address, State and zip code of the lobbying registrant under the Lobbying Disclosure Act of 1995 engaged by the reporting entity identified in item 4 to influence the covered Federal action.

(b) Enter the full names of the individual(s) performing services, and include full address if different from 10(a). Enter Last Name, First Name, and Middle Initial (MI).
11. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is OMB No. 0348-0046. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, DC 20503.

CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through the State or local governments, by Federal grant, contract, loan or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such federal funds. The law does not apply to children's services provided in private residences; portions of facilities used for inpatient drug or alcohol treatment; service providers whose sole source of applicable Federal funds is Medicare or Medicaid; or facilities where WIC coupons are redeemed.

Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

By signing this certification, the undersigned certifies that the applicant organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act.

The applicant organization agrees that it will require that the language of this certification be included in any subawards which contain provisions for children's services and that all subrecipients shall certify accordingly.

The Public Health Services strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of tobacco products. This is consistent with the PHS mission to protect and advance the physical and mental health of the American people.

Organization Name

Name of Authorized Representative

Title

Signature

Date

Attachment E

Program Specific Requirements

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Substance Abuse Treatment Guidelines

BEST PRACTICES/EVIDENCE-BASED PRACTICES

The following sources provide resources and links to Internet web sites referencing evidenced-based best practices, such as a cognitive-behavioral approaches, motivational interviewing techniques, and screening and assessment tools that are required to be incorporated into substance abuse treatment programs funded by ADAD.

- National Institute on Drug Abuse. Principles of Drug Addiction Treatment: A Research-Based Guide. October 1999. (An excerpt from this Guide, The NIDA Principles, is also included in Attachment E-3.)
- Center for Substance Abuse Treatment. Treatment Improvement Protocol (TIP) Series. Rockville, MD: U.S. Department of Health and Human Services, 1995.
- National Institute of Corrections Home Page. 24 September 2002 <<http://nicic.org>>
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DEFINITIONS OF TREATMENT ACTIVITIES

Reimbursable Activities:

All individual, group and family sessions shall involve direct, formal, clinically appropriate face-to-face contact with a client and/or significant other. A professional staff person must be actively involved in the provision of the service. Clients meeting on their own to read, watch videos, or run a support group will not be considered as reimbursable sessions.

The draft Health Insurance Portability and Accountability Act (HIPAA) Code and Description (HCPCS) has been included at the beginning of each definition. The HCPCS definitions and codes have not been finalized. Adjustments will need to be made in definitions and codes when they are finalized if there are differences.

Individual Sessions May Include the Following:

A. *SCREENING*

HIPAA

- H0002-Alcohol/and/or drug screening to determine eligibility for admission to a treatment program.

ADAD

- The process by which the client is determined appropriate and eligible for admission to a particular alcohol and/or drug treatment program. The determination of a particular client's appropriateness for a program requires the counselor's judgement and skill and is influenced by the program's environment and modality, as well as the use of established patient placement criteria.
- Important factors include the nature of the substance abuse, the physical condition of the client, the psychological functions of the client, outside support, previous treatment, motivation, and program philosophy.
- Eligibility is determined by evaluation of demographic characteristics, income level and referral source, as well as other guidelines reflected in the RFP.
- **NOTE:** Programs will only be reimbursed for screenings that result in a client's admittance into the program.

B. *ASSESSMENT*

HIPAA

- H0001-Alcohol and/or drug assessment.

ADAD

- The evaluation following admission by a clinician to determine the nature and extent of an individual's abuse, misuse and/or addiction to drugs, including all services related to identifying the detailed nature and extent of the person's condition with the goal of treating the client in the most appropriate environment and formulating a plan for services (if such services are offered.)
- The process by which a counselor/program identifies and evaluates an individual's strengths, weaknesses, problems and needs for the development of a treatment plan. Although assessment is a continuing process, it is generally emphasized early in treatment.
- The counselor evaluates major life areas (e.g., physical health, vocational development, social adaptation, legal involvement and psychological functioning) and assesses the extent to which alcohol or drug use has interfered with the client's functioning in each of these areas. The result of this assessment should suggest the focus of treatment.

C. *TREATMENT PLANNING*

HIPAA

- T1007-Alcohol and/or substance abuse services, treatment plan development and/or modification.

ADAD

- Alcohol and/or Other Drug (also known as Chemical Dependency or Substance Abuse) (service) Plan Development and/or Modification means design or modification of the treatment or service plan for alcohol and/or other drug abuse. This may be the initial plan for a client already engaged.

Treatment planning is also the process by which the counselor and the client identify and rank problems needing resolution, establish agreed upon immediate and long-term goals, and decide upon a treatment process and the resources to be utilized.

- The language of the problem, goal, and strategy statements should be specific, intelligible to the client and expressed in behavioral terms.
- The plan describes the services, who shall perform them, when they shall be provided, and at what frequency.

D. *INDIVIDUAL COUNSELING*

HIPAA

- H0004-Alcohol and/or drug abuse services; individual counseling by a clinician.

ADAD

- Individual counseling is the utilization of special skills to assist individuals in achieving objectives through exploration of a problem and its ramifications, examination of attitudes and feelings, consideration of alternative solutions, and decision-making.
- Various counseling approaches such as motivational interviewing, reality therapy, client-centered therapy, cognitive, behavioral, etc., may be used.

Group Sessions May Include the Following:A. *PROCESS GROUPS*

HIPAA

- H0005-Alcohol and/or drug services; group counseling by a clinician.

ADAD

- These involve the utilization of special skills to assist groups in achieving objectives through the exploration of a problem and its ramifications, examination of attitudes and feelings, consideration of alternative solutions, and decision-making. The maximum number of total clients (ADAD-funded plus others) per process group should generally not exceed 15. Groups held that exceed 15 clients need to be clinically justifiable and documented appropriately in order to be reimbursed.

B. *EDUCATION GROUPS*

HIPAA

- H0025-Alcohol and/or drug prevention education; delivery of services with target population to affect knowledge, attitude, and/or behavior.

ADAD

- These groups have as their primary objective the provision of information by the counselor concerning alcohol and other drugs and available services and resources. These groups tend to be didactic with a specified curriculum as the foundation for the session.
- Video and reading material may be used to supplement the group but the counselor must be actively involved in leading the session.

C. *SKILL BUILDING GROUPS*

HIPAA

- T1012-Alcohol and/or substance abuse services, skills development (or H0025-see above).

ADAD

- Skill Building Groups means activities to develop a range of skills to help maximize client community integration and independent living. The essential aspect of these groups is that the client is taught via demonstrations and practice how to do something that requires a skill.
- The skills taught can be divided into either daily living skills (e.g., managing money, food preparation, accessing information directories), or inter-personal skills (e.g., affective assertiveness, stress management, ability to give positive reinforcement).

D. *RECREATIONAL GROUPS*

HIPAA

- H0022-Alcohol and/or drug intervention service (planned facilitation).

ADAD

- These groups involve the client in learning leisure-time activities.
- In order to be reimbursable as a treatment session:
 1. The goals for the activity must be specified in the treatment plan,
 2. A counselor must be actively involved in facilitating the group, and
 3. The participants must have an opportunity to discuss their participation in the activity.

Family Sessions May Include the Following:A. *FAMILY COUNSELING*

HIPAA

- T1006-Alcohol and/or substance abuse services, family/couple counseling.

ADAD

- Family counseling is the utilization of special skills to assist families in achieving objectives through the exploration of a problem and its ramifications, examination of attitudes and feelings, consideration of alternative solutions, and decision-making. Behavioral, cognitive, interpersonal strategies/approaches may be used.
- The "family" may involve parents, children, partners or other significant others within the client's home environment who will have a major role to play in the client's recovery, e.g., aunts, foster parents, boarding home operators.
- Large groups of multiple family members shall be reimbursed under the group rate.

Residential Treatment Program Description and Reimbursable Activities

Program Description

A residential treatment program is organized and staffed to provide both general and specialized non-hospital-based interdisciplinary services 24 hours a day, 7 days a week for persons with substance abuse problems.

Standards

1. For an organization to be reimbursed for residential treatment, a client shall receive a minimum of twenty-five (25) hours per week of a combination of the following services:
 - a. Therapeutic activities such as individual and group counseling.
 - b. Educational activities.
 - c. Training activities. Such training may address:
 - (1) Community integration goals and activities.
 - (2) Identification of target symptoms.
 - (3) Behavior management and interview practices.
 - (4) Factors impacting the persons served, such as:
 - Communication skills.
 - Degree of support and supervision required.
 - Guardianship issues.
 - Special needs.
 - Medications.
 - General health considerations.
 - Religious beliefs.
 - Literacy.
 - (5) Functional skills.
 - (6) Housekeeping/maintenance skills.
 - (7) Human sexuality.
 - (8) Incident reporting.
 - (9) Menu planning and meal preparations.
 - (10) Cultural competency and relevance.
 - (11) Sanitation and infection control.
 - (12) Safety procedures.
 - (13) Scheduling of:
 - Menu planning and meal preparation.

- Cleaning and maintenance of appliances.
- Daily routines.
- (14) Maintenance of adaptive equipment.
- (15) Addressing special dietary requirements.
- d. Crisis intervention.
- e. Development of community living skills.
- f. Family support with the approval of the persons served.
- g. Linkages to community resources.
- h. Advocacy.
- i. Development of social skills.
- j. Development of a social support network.
- k. Development of vocational skills.
- l. Assistance in securing housing that is safe, decent, affordable, and accessible.
- m. Assistance in receiving primary health care.
- n. Assistance in receiving primary health care for children in pregnant and parenting women and children (PPWC) specialty programs.
- o. Assistance in complying with criminal justice requirements.

Note: Not all listed services must be provided. Some services may be provided off site.

Wait List Management and Interim Services Policy and Procedures

I. Wait List Policy and Procedures

- A. A wait list is a list of clients who have been screened and determined to be eligible for future admission for services when no open slots currently exist.
- B. Each program funded by the Alcohol and Drug Abuse Division (ADAD) shall notify ADAD of its Wait List status weekly (before noon on the first working day of each week). Each program shall FAX or hand-deliver at least one ADAD Client Wait List Status Form indicating whether or not it has reached 90% capacity. Any request for services the program has received from a pregnant woman or injection drug user during that week shall be recorded on that form or a duplicate and sent to ADAD within the same time frame.
- C. Each program funded by ADAD shall develop and implement a Wait List Management Policy and Procedures that includes the requirements listed below:
 - 1. The screening process used to determine an individual's eligibility for inclusion on the wait list, including procedures and a form for documenting initial screening, admissions, and referrals.
 - 2. Instructions for what individuals must do to remain on a wait list and be eligible for services, as well as criteria for the removal of a person from the wait list.
 - 3. Review criteria and procedures to ensure the accuracy of the wait list, which shall include:
 - a. Who reviews the list;
 - b. How frequently the list is reviewed;
 - c. Disposition data specifying whether the individual continues to be eligible or is dropped from the wait list because he/she is no longer interested, has found other treatment, cannot be contacted or did not maintain contact with the program at specified intervals, and how and where removed names are recorded for statistical purposes; and
 - d. Specification that individuals who are removed from the list will not be barred from reapplying for services. Pregnant women and injection drug users (IDU) will be given preference at the time of reapplication (as specified in item number 8, below).
 - 4. Procedures shall be developed for maintaining contact with individuals on the wait list.

Contact:

- a. May be face-to-face (which is preferred), by telephone, or by mail;

- b. Shall be made every 30 days at a minimum; more frequently is preferable;
- c. When initiated by the program requires that client confidentiality be protected.

Contact procedures shall be clearly communicated to the prospective client when agreement is reached to place a person on the list. Maintaining contact is ideally the individual's responsibility. However, due to the characteristics of substance abusers, treatment programs shall assume additional responsibility to maintain contact with the individual seeking treatment.

- 5. Procedures shall be implemented for the use of a Wait List Log, which shall document the following information:
 - a. Date of the initial request for services, screening date, date of and reason for removal from wait list (e.g., began treatment, could not locate, etc.);
 - b. Name and position of staff person completing the information, location where the screening is performed, and the medium used to conduct the screening (face-to-face, by telephone, etc.);
 - c. Client's name, ID number, and indication if the client is a pregnant woman or injection drug user;
 - d. Disposition of the client (referred to treatment at another facility, placed on the wait list, or admitted into treatment). The disposition for wait list placements should indicate that the individual is (1) potentially eligible for treatment admission and (2) consents to be placed on the list because he/she either cannot be referred or does not wish to accept a referral.
- 6. Copies of the original screening forms for each client placed on the wait list shall be kept in a file together with the Wait List Log.
- 7. An individual file shall be created for each client placed on the wait list. This file shall hold additional information necessary for contact, referral and admission, such as:
 - a. Demographics: age, residence, ability to pay or payment source, mailing address, telephone number and similar information about alternative contacts (referral source or relative, name, permanent address, etc.);
 - b. Assessment: current status of substance abuse and associated problems;
 - c. Contact: dates, types and outcomes of subsequent contacts;
 - d. Referral: when the client was referred to another program, the program recommended, how the referral was made (e.g., by phone, letter or in person);
 - e. Follow-up: subsequent contacts with the referral program to determine the outcome of the referral.

If the client is subsequently admitted, the Individual Wait List File will be added as an identifiable section to the regular client file. If the client is not admitted this file shall be retained separately.

8. All treatment programs serving an injection drug abuse population shall have a policy for and shall provide preference in admission to treatment for pregnant women and injection drug users in the following order:
 - a. Pregnant injecting drug users,
 - b. Pregnant substance abusers,
 - c. Injecting drug users, and
 - d. All others.
9. In addition to wait-list policies and procedures required for the general population, IDUs and pregnant women shall be responded to in the following manner:
 - a. Pregnant Women:
 - 1) If a treatment program does not have the capacity to immediately admit a pregnant woman to treatment, or if placement in the program is not appropriate, it must refer the woman to another program that can admit her to treatment.
 - 2) If no other program has the capacity to admit the pregnant woman to treatment, then the program must:
 - (a) Provide interim services (see part II of this attachment) within 48 hours; or
 - (b) Refer the pregnant women to the ADAD-designated women's agency for interim services, which in turn must provide interim services within 48 hours.
 - b. Injection Drug Users:
 - 1) If a treatment program does not have the capacity to admit an IDU to treatment within 14 days of the initial request, it must refer the applicant to another program that can admit the wait-listed client to treatment within 14 days.
 - 2) If no program has the capacity to admit the IDU to treatment within 14 days, then the program must:
 - (a) Provide interim services within 48 hours; or
 - (b) Refer the IDU to the ADAD-designated Opioid Therapy Outpatient Treatment Program for interim services.
 - 3) IDU clients in interim services must be admitted to treatment within 120 days of the initial request.
 - a. Each ADAD-funded substance abuse treatment program shall inform ADAD of every request for services that it receives from a pregnant woman or IDU, and of the status of the client who made the request. The program shall do the following:
 - 1) Submit the required information for each client on the ADAD Client Wait List Status Form as found at the end of this Attachment.
 - 2) Before 12 noon on the first working day of each week, fax one form for each pregnant and/or IDU applicant from the previous week. At least one

form shall be faxed to ADAD each week, indicating whether the program has reached 90% capacity during the previous week.

II. Interim Services Policy for Pregnant Women and Injection Drug Users

- A. Interim services are services that are provided until a client is admitted to a substance abuse treatment program. The purposes of the services are to reduce the adverse health effects of such abuse, promote the health of the client, and reduce the risk of transmission of disease.
- B. Each program funded by the Alcohol and Drug Abuse Division (ADAD) shall develop and implement an Interim Services Policy and Procedures that includes the following elements:
 - 1. For each client placed in Interim Services, the program shall keep a record of the number of days between the request for treatment and the admission to treatment.
 - 2. At a minimum, interim services shall include counseling and education about the following:
 - a. HIV and tuberculosis (TB),
 - b. The risks of needle-sharing,
 - c. The risks of transmission to sexual partners and infants,
 - d. Steps that can be taken to ensure that HIV and TB transmission does not occur,
 - e. Referral for HIV or TB treatment services if necessary.
 - 3. For pregnant women, interim services also include:
 - a. Counseling on the effects of alcohol and drug use on the fetus, and
 - b. Referral for prenatal care.
- C. Every program shall keep information in the individual client's file for each interim services client. This includes but is not limited to the following records:
 - 1) Date of the client's entry into interim services,
 - 2) Source of client's referral into interim services,
 - 3) Application form,
 - 4) A screening or assessment form,
 - 5) Number of days elapsed since the initial request for treatment,
 - 6) An interim plan of action,
 - 7) A log of the services provided including the date on which services were provided,
 - 8) The date of client's admittance into treatment and the name of the program admitting the client into treatment,

- 9) Progress notes of each face-to-face interaction with the client. These shall include progress made on the plan of action, any current problems indicated by the client, recommendations made to the client, any plans for follow-up meetings, and any help that the program said it would provide the client. The staff member responsible for convening the face-to-face contact with the client shall sign each entry.
- D. The disposition of pregnant women and IDUs shall be monitored by ADAD to determine if they have received treatment in accordance with the above requirements, if their admission has been given proper priority and if services have been provided within the requirements specified in this document.
- E. The ADAD-designated Opioid Therapy Outpatient Treatment Program and Specialized Substance Abuse Treatment Services for Women for interim services shall submit separate quarterly and year end reports on ADAD-developed forms.

Principles of Effective Treatment

National Institute on Drug Abuse (NIDA)

1. No single treatment is appropriate for all individuals.

Matching treatment settings, interventions, and services to each individual's particular problems and needs is critical to his or her ultimate success in returning to productive functioning in the family, workplace, and society.

2. Treatment needs to be readily available.

Because individuals who are addicted to drugs may be uncertain about entering treatment, taking advantage of opportunities when they are ready for treatment is crucial. Potential treatment applicants can be lost if treatment is not immediately available or is not readily accessible.

3. Effective treatment attends to multiple needs of the individual, not just his or her drug use.

To be effective, treatment must address the individual's drug use and any associated medical, psychological, social, vocational, and legal problems.

4. An individual's treatment and services plan must be assessed continually and modified periodically to ensure that the plan meets the person's changing needs.

A patient may require varying combinations of services and treatment components during the course of treatment and recovery. In addition to counseling or psychotherapy, a patient at times may require medication, other medical services, family therapy, parenting instruction, vocational rehabilitation, and social and legal services. It is critical that the treatment approach be appropriate to the individual's age, gender, ethnicity, and culture.

5. Remaining in treatment for an adequate period of time is critical for treatment effectiveness.

The appropriate duration for an individual depends on his or her problems and needs. Research indicates that for most patients, the threshold of significant improvements is reached at about 3 months in treatment. After this threshold is reached, additional treatment can produce further progress toward recovery. Because people often leave treatment prematurely, programs should include strategies to engage and keep patients in treatment.

6. Individual and/or group counseling and other behavioral therapies are critical components of effective treatment for addiction.

In therapy, patients address issues of motivation, build skills to resist drug use, replace drug-using activities with constructive and rewarding nondrug-using activities, and improve problem-solving abilities. Behavioral therapy also facilitates interpersonal relationships and the individual's ability to function in the family and community.

7. **Medications are an important element of treatment for many patients, especially when combined with counseling and other behavioral therapies.**
Methadone and levo-alpha-acetylmethadol (LAAM) are very effective in helping individuals addicted to heroin or other opiates stabilize their lives and reduce their illicit drug use. Naltrexone is also an effective medication for some opiate addicts and some patients with co-occurring alcohol dependence. For persons addicted to nicotine, a nicotine replacement product (such as patches or gum) or an oral medication (such as bupropion) can be an effective component of treatment. For patients with mental disorders, both behavioral treatments behavioral treatments and medications can be critically important.
8. **Addicted or drug-abusing individuals with coexisting mental disorders should have both disorders treated in an integrated way.**
Because addictive disorders and mental disorders often occur in the same individual, patients presenting for either condition should be assessed and treated for the co-occurrence of the other type of disorder.
9. **Medical detoxification is only the first stage of addiction treatment and by itself does little to change long-term drug use.**
Medical detoxification safely manages the acute physical symptoms of withdrawal associated with stopping drug use. While detoxification alone is rarely sufficient to help addicts achieve long-term abstinence, for some individuals it is a strongly indicated precursor to effective drug addiction treatment.
10. **Treatment does not need to be voluntary to be effective.**
Strong motivation can facilitate the treatment process. Sanctions or enticements in the family, employment setting, or criminal justice system can increase significantly both treatment entry and retention rates and the success of drug treatment interventions.
11. **Possible drug use during treatment must be monitored continuously.**
Lapses to drug use can occur during treatment. The objective monitoring of a patient's drug and alcohol use during treatment, such as through urinalysis or other tests, can help the patient withstand urges to use drugs. Such monitoring also can provide early evidence of drug use so that the individual's treatment plan can be adjusted. Feedback to patients who test positive for illicit drug use is an important element of monitoring.
12. **Treatment programs should provide assessment for HIV/AIDS, Hepatitis B and C, tuberculosis, and other infectious diseases, and counseling to help individuals modify or change behaviors that place themselves or others at risk of infection.**
Counseling can help patients avoid high-risk behavior. Counseling also can help people who are already infected manage their illness.

13. Recovery from drug addiction can be a long-term process and frequently requires multiple episodes of treatment.

As with other chronic illnesses, relapses to drug use can occur during or after successful treatment episodes. Addicted individuals may require prolonged treatment and multiple episodes of treatment to achieve long-term abstinence and fully restored functioning. Participation in self-help support programs during and following treatment often is helpful in maintaining abstinence.

From: Principles of Drug Addiction Treatment; A Research-Based Guide, National Institute on Drug Abuse, National Institutes of Health, October 1999.

~~Alcohol and Drug Abuse Division~~

~~IDU Outreach Services Policy and Procedures~~

Not Applicable to This RFP

- I. Injection Drug Use (IDU) Outreach shall be defined as the effort to bring services and information about availability of services to injection drug users (IDUs) in their environment. The purpose of IDU Outreach is to encourage IDUs to utilize the program designated as the specialized opioid therapy outpatient treatment program for IDUs and to accept referral and linkage to appropriate resources in the community.
- II. The program designated as the specialized opioid therapy outpatient treatment program for IDUs shall develop and implement an **outreach component** that includes but is not limited to the following elements:
 - A. A **self-monitoring mechanism** shall be used to assure that the services for which reimbursement is requested are being provided.
 - B. The program shall submit separate **quarterly** and **year end reports** for outreach services on quarterly and year end forms to be provided by the Alcohol and Drug Abuse Division (ADAD).
 - C. An **ADAD - IDU Outreach Direct Service Log** at the end of this Attachment shall be completed for each week that outreach services are provided.
 - D. An **ADAD - IDU Outreach Screening Information** form provided at the end of this Attachment shall be completed for each individual who is contacted and shows a willingness to discuss his or her problems and to be referred to appropriate community resources or to the opioid therapy outpatient treatment program.
 - E. Program shall develop and maintain a **separate record for each person** who has been screened. The record shall include but not be limited to the following information:
 1. The name or other identifier of the person contacted and the site of contact; where available, the address and phone number of the person contacted, and the name of another contact who could reach the individual; and
 2. The individual's screening form; and
 3. For each contact made, the signatures of the staff making the contact; and
 4. Subsequent to screening, the date and place of each contact; and
 5. Description of goals to be attained; and

6. Description of plan of action; and
 7. A brief description on a **progress-note form** (to be developed by agency) of each interaction with the IDU including, but not limited to, progress made on the plan of action, any current problems indicated by the IDU, recommendations made to the IDU, any plans for follow-up meetings, any help that the agency said it would provide the IDU.
- F. There shall be a **final summary** of all interactions referred to in II.E.7. above developed for each individual who has been screened with whom outreach contacts have been terminated either because outreach contacts are no longer feasible or because the client has been successfully referred to appropriate community resources. The final summary shall include but not be limited to the following information:
1. Name of the individual who is no longer receiving services; and
 2. Where available, current address and phone number of individual, and/or name of a person or agency who could contact the individual; and
 3. Problem areas at time of last contact; and
 4. Severity of problem indicated on a scale numbered from 0-9, where zero (0) means no problem and nine (9) means a severe problem; and
 5. Reasons why contact with the individual ceased. Reasons could include, but need not be limited to, client's loss of interest, unresponsiveness, withdrawal, relocation, successful referral and linkage to community resources or opioid therapy outpatient treatment, etc.
- III. The program designated as the specialized opioid therapy outpatient treatment program for IDUs shall comply with the following requirements for personnel:
- A. Staff responsible for implementing the outreach program shall have the following:
1. Experience in working with IDUs,
 2. Knowledge of the relationship between injecting drug abuse and communicable diseases including but not limited to HIV,
 3. Knowledge of prevention practices that can be recommended to IDUs to ensure that HIV transmission does not occur,
 4. The ability to communicate with an IDU population that has been unable or unwilling to access traditional IDU services.

- B. The agency shall provide and document ongoing training to help its staff increase their outreach skills and their knowledge of the transmission of communicable diseases such as HIV and of prevention practices to ensure that HIV transmission does not occur.
- C. The agency shall ensure that its outreach staff shall be supervised. A **separate supervision record** shall be kept for each staff assigned to the outreach program. The record shall contain the dates of the supervision, the signature of the person providing the supervision, and a brief description of what transpired during the supervision including but not limited to any problem areas identified, and plans for addressing those problem areas.

N/A ADAD IDU OUTREACH - SCREENING/ADMISSION INFORMATION

Referred by					Date	
Client ID ¹					Telephone	
Ethnicity		Gender		Pregnant Female?	Married?	
Client Name					DOB	
Address					Occupation	
City, ST Zip					Employer	
Other Contact: ²					Last Job	
Address/Tel#					Income source	
City, ST Zip					Edu. Level	

¹ - Client Identifier (ID) should be consistent with direct service log.² - Other Contact: Person who could contact client and/or IDU program when necessary.

Problem Areas and Status at time of Screening/Admission		Severity
Medical Status		
Employment/ Support		
Alcohol/ Drug Use		
Legal Status		
Family History		
Family/ Social		
Psychiatric		

Severity of Problem: Scale = 0 1 2 3 4 5 6 7 8 9
None Mild Moderate Severe

GOALS:	
Use reverse side if necessary	
Plan of Action:	
Use reverse side if necessary	
Progress Notes on form provided by agency	
Counselor Signature	Date

OUTREACH STAFF NAME(S):

MONTH/YEAR: _____

WEEK OF: _____ TO: _____

[illegible]

01 - Self	12 - Crim. Just. Prison
02 - ADA Provider	13 - Crim. Just. DUI/DWI
03 - Other Health Prov.	14 - Crim. Just. Other
04 - School (education)	15 - Child Prot. Svcs.
05 - Employer/EAP	16 - QUEST
06 - Other Community	97 - Unknown
07 - Crim. Just. St./Fed Court	
08 - Crim. Just. Other Formal Adj.	
09 - Crim. Just. Probation/Parole	
10 - Crim. Just. Other Legal Ent.	
11 - Crim. Just. Diversionary Prog.	

01 - Hispan.-Puer. Rico	12 - Chinese
02 - Hispan.-Mexican	13 - Korean
03 - Hispan.-Cuban	14 - Vietnamese
04 - Other Hispanic	15 - Cambodian
05 - Caucasian	16 - Filipino
06 - Portuguese	17 - Samoan
07 - Black/African Amer.	18 - Hawaiian
08 - American Indian	19 - Mix- Part Hawaiian
09 - Aleutian/Eskimo	20 - Mix- Not Hawaiian
10 - Japanese	21 - Other
11 - Okinawan	97 - Unknown

- 1 - Street
- 2 - Park
- 3 - Shelter
- 4 - Soup Kitchen
- 5 - Place of Residence
- 6 - Social Service Agency
- 7 - Other

01 - Outreach
02 - Guidance / Education
03 - Case Management

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ALCOHOL AND DRUG ABUSE DIVISION
LISTING OF SERVICES
Not Applicable To This RFP

SVC. CODE	ACTIVITY
01	Outreach Activities
A1	Street face-to-face (FTF) contact
A2	FTF contact in any facility ¹
A3	FTF with client network ²
A4	Other, such as telephone calls
02	Guidance/Education
B1	IDU and communicable disease
B2	HIV prevention practices
B3	Entry into Substance Abuse (SA) treatment
B4	Linkage to community resources
B5	Other
03	Case Management
C1	Transportation
C2	QUEST Enrollment
C3	Pre/Post HIV tests counseling
C4	TB/Hepatitis B/Hepatitis C testing
C5	Links to community resources
C6	Admittance to IDU OP Treatment
C7	Other

¹ - Facilities: Shelters, soup kitchens, doctor's office, police station, courts, etc.

² - Client's network includes, but is not limited to, client's acquaintances, friends, significant others, case workers, etc.

Therapeutic Living Program Requirements

Note: These requirements are subject to change to be in compliance with the Department of Health's Hawaii Administrative Rules (HAR) upon the promulgation of its Therapeutic Living Programs requirements.

Part 1:

General Requirements for all Therapeutic Living Programs

I. Therapeutic living programs - Definition and Type

These programs serve persons suffering from substance abuse requiring a residential setting, but who do not need the structure of a special treatment program or are transitioning from a more restrictive setting to independent living. The program shall aid residents in meeting basic needs and provide supportive services through an individualized recovery and discharge plan. These programs can be transitional living programs for adults (age 18 and over); transitional living programs for adolescents (age 12 - 17 years); or transitional living programs for women with children (birth - 11 years). A therapeutic living program serves residents through a transitional residential program.

- A. A strength and needs-based assessment shall be performed or obtained upon admission and the recovery plan shall be based on the assessment.
- B. A recovery plan shall contain, at a minimum, the following:
 - 1. Goals to be attained while the resident is in the program;
 - 2. Measurable recovery objectives;
 - 3. A summary of the services and activities provided to enable attainment of goals; and
 - 4. Regular time periods for the plan to be revised.
- C. The program shall have policies and procedures which shall contain, at minimum, the following:
 - 1. The formulation of discharge plans; and
 - 2. Six months of ongoing monitoring of the status of discharged residents.

II. Fire safety/disaster

- A. Therapeutic Living Programs shall comply, and be inspected by appropriate fire authorities for compliance with state and county zoning, building, fire safety and health codes or in the case of a vessel inspected by the United States Coast Guard, for relevant regulations promulgated by that agency.

- B. The facility shall have a written plan for care givers/staff and residents to follow in case of fire, explosion, or other emergencies. The plan shall be posted in conspicuous places throughout the facility. The plan shall include, but not be limited to:
 - 1. Assignments;
 - 2. Instructions;
 - 3. Special escape routes; and
 - 4. Quarterly drills.
- C. Drills shall be conducted quarterly at various times of the day to provide training for residents and staff. (When new residents are admitted or staff hired they shall be in-serviced on fire procedures. Drills shall be conducted under conditions that simulate fire emergencies.)
- D. The drill record shall contain the date, hour, personnel participating, description of drill, and the time taken to evacuate the building. A copy of the drill shall be available for inspection by fire authorities and the Department.
- E. Facilities shall be safe from fire hazards. All combustible items must be stored away from heat sources.
- F. Exits shall be unobstructed and maintained in an operational manner.
- G. If smoking is allowed, there shall be designated smoking areas.
- H. All locking devices shall automatically pop open upon turning the doorknob in one motion. Locking devices for sleeping room doors shall be readily opened by the occupant from inside the room without the use of a key or special knowledge.
- I. Fire extinguishers shall be installed in accordance with NFPA 101 Fire Safety Code. A minimum fire extinguisher classification rating of 2a10bc is required.
- J. Hardwired smoke detectors shall be located in the hallway outside the residents' sleeping rooms and also in the living/activity room. Hardwired or battery-operated smoke detectors or both shall also be located in all resident sleeping rooms.
- K. All residents occupying rooms above or below street level of a facility shall be able to evacuate without the physical help of another person.
- L. All multi-story homes shall have an internal stairwell.
- M. Fees for fire inspection shall be the responsibility of the licensee.
- N. Automatic sprinkler systems may be required for Group I occupancies and facilities with nine or more residents as determined by the respective city and county building and fire codes.

- O. Vessels shall comply with fire rules and regulations of the United States Coast Guard. In addition, they shall comply with subsections (c), (e), and (r).
- P. The facility shall have a written disaster plan which identifies the actions that should be taken in each type of hazard: hurricane, earthquake, tsunami or flood. The plan shall include the following provisions:
 - 1. Plan of evacuation;
 - 2. Identification of the closest emergency shelter;
 - 3. Transportation to the emergency shelter if necessary;
 - 4. Identification of staff accompanying and remaining with residents while at the emergency shelter; and
 - 5. Maintenance of survival kits.
- Q. Each facility shall have basic first-aid supplies accessible for use.

III. Nutrition

Therapeutic living programs operating in a residential setting with eight or less residents, who prepare food only for family consumption shall meet the following dietary requirements:

- A. The program shall provide balanced nutritional meals for the residents.
- B. There shall be three meals a day and snacks provided daily with no more than fourteen hours between meals
- C. There shall be a minimum of three days food supply, which will be adequate for the number of people to be served.
- D. Residents who have identified special nutritional needs, or who require dietetic services, shall have a diet order written by a physician or APRN. The order shall be updated annually, with a written plan for the provision of dietetic service, which may require the consultation by a dietician, physician or APRN. The implementation of the plan shall be recorded on admission and quarterly thereafter.
- E. The program's policies and procedures shall be in accordance with the National Research Council's most current "Recommended Dietary Allowance," and shall be adjusted to the resident's age, sex, activity and disability when evaluating the resident's diet, or ordering diet supplements and provision of special diet training to the staff;
- F. Menus for special diets shall be available for review by the Department of Health.

G. The resident record shall have:

1. Documentation of special diet needs;
2. Documentation of reactions to food, and evidence that a report to a physician was made immediately upon occurrence.

IV. Health screening/infection control

- A. The facility shall have documentation indicating that each employee has had a health examination by a physician to determine the presence of infectious diseases prior to direct contact with residents.
- B. Each facility shall have on file documented evidence that every direct care staff or any individuals having contact with residents has an initial and annual tuberculosis (TB) clearance following current Departmental policy.
- C. Any direct care staff or any individual providing service to the residents who develops evidence of an infectious disease shall be relieved of any duties relating to food handling or direct resident contact until such time as the infection clears and it is safe for the individual to resume duties. If the care giver has a condition, which may place the well-being of the residents at risk, a physician shall be consulted for a clearance and a procedure for infection control. Undiagnosed skin lesions, or respiratory tract symptoms or diarrhea shall be considered presumptive evidence of an infectious disease.
- D. There shall be appropriate policies and procedures written and implemented for the identification, prevention, control, and voluntary testing of infectious diseases including, but not limited to HIV and hepatitis.
- E. Therapeutic Living Programs shall provide training in safety and risk management, including standard precautions to care givers and staff. The training shall be documented and available for review by the Department on request.
- F. Incident reports shall be completed where staff or residents are exposed to infectious disease, and the action taken following such incident shall be documented.

V. Changes in Circumstances, Transfers, and Program Mergers

- A. A service provider shall notify the Department in writing of any of the following changes in circumstances not less than thirty (30) calendar days before the change takes effect:
 1. Program name,
 2. Mailing address,
 3. Telephone number,

4. Executive director,
 5. Program location,
 6. Program discontinuation, or
 7. Expansion of service capacity.
- B. In addition to completing the required written notification change in circumstance, a discontinued program shall also provide the following information:
1. A written notification to residents who require continued services of the date closure and where continued services may be obtained;
 2. A procedure to transfer certain information or entire resident records to another agency or person where such information is necessary and authorized; and
 3. A procedure to store and dispose of resident records pursuant to 42 C.F.R., Parts 1 and 2, Confidentiality of Alcohol and Drug Abuse Patient Records; Chapter 323 C, HRS; section 325-101; HRS 334-5; HRS section 622-58, and other applicable laws or regulations relating to the retention of mental health records.

VI. Governing authority

- A. The service provider shall document its governance authority and the delegation of governance. The purposes of the program and its governing documents shall be reviewed annually.
- B. The service provider shall furnish the Department with the names, addresses, and phone numbers of all owners, corporate officers or general and limited partners and the board of directors. In addition, the minutes of meetings of the governing body and of its committees, at which issues relevant to the facilities or programs are discussed, shall be available for review by the Department.
- C. The governing body responsible for each facility or service shall develop and implement a mission and philosophy statement of the geographical area served, the ages, the target population of residents and the limitations and scope of services.

VII. Program

- A. The program shall focus on rehabilitation to encourage the resident to develop skills to become self-sufficient and capable of increasing levels of independent functioning where appropriate. It shall include prevocational and vocational programs, as appropriate.
- B. The program shall encourage the participation of the resident in the daily milieu and in the development of the resident's treatment or recovery planning and evaluation.
- C. The program environment shall attempt to reflect aspects associated with a family home without sacrificing resident safety or care. The program shall have furniture and equipment that are age-appropriate to its residents. The program shall have

- policies and procedures addressing the residents' opportunities for regular physical exercise.
- D. The program shall provide a room for residents to gather during leisure time. There shall also be an area set aside where residents may receive and visit with parents, guardians, relatives, or friends with some degree of privacy
 - E. The program shall have written policies regarding the use of behavior management and prohibit the use of physical or emotional punishment, physical exercise to eliminate or curb behaviors, use of punitive versus therapeutic assignments, use of medication for behavioral management, excessive use of physical or emotional isolation, and deprivation of residents' rights.
 - F. The program shall have a non-smoking policy in accordance with sections 328K-2, 328K-13 HRS.
 - G. The service provider shall have and maintain policies and procedures for a comprehensive drug-free work place.
 - H. The service provider shall have policy and procedures identifying:
 - 1. An individual who is designated as the administrator and is responsible for the overall operations of the program. During periods of absences of the administrator, a designated staff member shall assume the responsibilities of the administrator;
 - 2. An individual who is designated as program director of the residential program;
 - 3. An individual designated as the rights advisor who is responsible for reviewing residents' rights. The individual shall be responsible for answering questions upon admission, maintaining a log that describes possible rights violations, making an effort to resolve resident rights violations, making an effort to resolve resident complaint, investigating the complaints and providing consultation and assistance to residents who wish to file a formal complaint. If a resident feels threatened by physical or psychological harm, or does not believe a complaint has been adequately dealt with at the staff level, the resident may direct the complaint in writing to the director or to an independent agency identified by the Department; and
 - 4. An individual designated to verify staff credentials, provide staff in sufficient number and qualifications to meet the service needs of the residents and adequately carry out the program's goals, services, and activities.
 - I. Quality improvement activities shall include:
 - 1. Composition and activities of a quality assurance and quality improvement committee;
 - 2. Methods for monitoring and evaluating the quality and appropriateness of resident care, including delineation of resident outcomes and utilization of services;

3. A requirement that staff who are not qualified professionals and who provide direct care shall be supervised by a qualified mental health professional for those residents requiring mental health services or a substance abuse professional for those residents recovering from substance abuse;
4. Strategies for improving resident care;
5. Methods for annual monitoring and maintenance of staff qualifications, licensure and certifications;
6. Review of all sentinel events and establishment of measures to provide for resident's safety; and
7. Adoptions of standards that assure operational and programmatic performance meeting applicable standards of practice.

J. Safety and risk management

1. The service provider shall have a written safety plan in existence that includes but is not limited to, policies and procedures for dealing with:
 - a) Residents who are dangerous to themselves or others;
 - b) Incidents in which staff or residents are injured or exposed to hazards;
 - c) Medication errors;
 - d) Vehicle safety; and
 - e) An arrangement for voluntary testing of HIV and of standard precautions.
2. The service provider shall verbally or via facsimile, report *sentinel events to the Alcohol and Drug Abuse Division, with a written report submitted within seventy-two hours.
3. The service provider shall have written policies and procedures regarding the use of least restrictive alternatives to the use of physical or chemical restraints and seclusion, which may include but not be limited to holding and time out.
4. The service provider shall have written policies and procedures for reporting of abuse or neglect to the Child Protective Services for children, adolescents or Adult Intake and Protective Services for adults.
5. The service provider shall have written policies and procedures for management of residents suspected of having any communicable disease.
6. The service provider shall have written policies and procedures to follow when arranging for and obtaining emergency medical or psychiatric treatment, which shall include names and telephone numbers of persons to provide the emergency care.
7. The service provider shall provide staff training in safety and risk management procedures. The safety program shall be reviewed annually and documented.
8. The service provider shall have policies and procedures for residents addressing proper safety measures, including but not limited to emergency and medical issues, nutrition requirement, sanitation, medication storage for day or overnight field trips or adventure program activities.

9. Adolescent service providers shall report sentinel events.
 - a) Sentinel events shall be reported by phone to the Alcohol and Drug Abuse Division, within 24 hours of the event, or, for events occurring on weekends or holidays, on the next working day.
 - b) After the notification by phone, a written report must be submitted to the same division within 72 hours giving details of the event and actions taken.

K. Medication requirements

The program shall have written policies and procedures to address staff training, and storage, labeling, availability, and disposal of medications. Procedures shall at a minimum address:

1. Medication storage:

- a) Programs shall have double-locked storage for medications. If required to be stored in a refrigerator used for food items, medications shall be kept in a separate, single locked compartment or container;
- b) Medications shall be kept separately for each resident;
- c) Medications shall be kept separately for external and internal use;
- d) Medications approved by a physician or APRN for self-administration shall be kept in a secure manner.

2. Medication labeling:

The packaging label of each prescription medication dispensed shall include the following:

- a) The resident's name;
- b) The prescriber's name;
- c) The current dispensing date;
- d) Clear directions for self-administration;
- e) The name, strength, quantity, and expiration date of the prescribed medication; and
- f) The name, addresses, and phone number of the pharmacy or dispensing location.

3. Medication availability:

- a) All prescription medications shall be made available only under written order and direction of a physician or APRN and shall be based upon a physician's or APRN's evaluation of the resident's condition.
- b) Non-prescription medications shall be made available only under physician orders specified to each resident.
- c) All physician orders for prescription medication shall be re-evaluated and signed by the physician at a minimum of every three months or at the next physician's visit, whichever comes first.
- d) Program shall designate and train staff prior to making medications available, and on an annual basis, to:
 - 1) Make prescribed medications available to residents;
 - 2) Supervise and assist with self-medication;

- 3) Record information immediately after medications have been made available to each resident, including date, time, name of medication, dosage, number or amount given, and signature of person making medication available, according to prescription;
 - 4) Record any side effects of medication;
 - 5) Record resident requests for medication changes, questions, or concerns and any follow up with an appointment or consultation with a physician or designee.
 - e) Medications shall not be offered to any resident other than the resident for whom they were prescribed.
 - f) Self-administration of medication shall be permitted when it is determined to be a safe practice by the resident, family, legal guardian, or case manager and service provider, and upon authorization of the physician or APRN and supervised by trained staff; and
 - g) Medication errors and drug reactions shall be reported immediately to the physician responsible for the medical care of the resident and designated individuals deemed responsible for the care of the resident. An incident report shall be prepared within twenty-four (24) hours from the time of the incident.
4. Medication disposal:

Prescription and non-prescription medications which have been discontinued by physician's order or retained by the facility after the resident is discharged shall be disposed of by incineration, flushing into a septic or sewer system, or by transfer to a local pharmacy for destruction. A record of the medication disposal shall be maintained by the program. Documentation shall specify the resident's name, medication name, strength, quantity, disposal date and method, and the signatures of the person disposing of the medication and of the person witnessing the disposal.

L. Personnel requirements

The service provider delivering services to children and adolescents shall have policies and procedures requiring background checks and a criminal history check that includes fingerprints. The service provider delivering services to adults shall have policies and procedures requiring background checks and a criminal history check, which may not include fingerprints.

1. Staffing patterns shall reflect, to the maximum extent feasible, at all levels, the cultural, linguistic, ethnic, sexual, and other social characteristics of the community the facility serves;
2. The program shall be designed to use appropriate multidisciplinary professional consultation and staff to meet the specific diagnostic, rehabilitation, and treatment needs of the resident; and
3. A personnel record shall be maintained for each individual employed by the service provider. The record shall include training, experience, and qualifications of the position, and verification appropriate to licensure, registration or certification.

4. The service provider shall have documentation verifying that each staff member has received annual training on confidentiality, residents rights, cultural sensitivity, community resources, and on the program's safety procedures.
5. The service provider shall have documentation verifying that each staff member has reviewed his or her position description on an annual basis.
6. All direct services staff shall have current first aid and Cardio-Pulmonary Resuscitation (CPR) certification, and infant CPR for those programs working with infants and children. The training must be conducted by trainers certified by American Lung Association, American Red Cross, or other organization accepted by the Department.

M. Personnel orientation

The program shall have documentation of each staff member's orientation to the program. The orientation shall include but not be limited to:

1. Program(s);
2. Policies and procedures;
3. Duties and responsibilities of the position;
4. Health and safety procedures, including the use of standard health care precautions;
5. Crisis intervention procedures;
6. Record keeping requirements;
7. Confidentiality;
8. Resident rights;
9. Cultural needs;
10. Community resources; and
11. The procedure for identifying and reporting abuse and neglect.

N. Staff training and supervision

The program shall have documentation of each staff member's completion of training recorded in the employee's personnel record. A regular assessment of the training needs of the staff shall be performed and documented. A written training schedule shall be in place and constantly updated at least annually.

1. Direct services staff shall be supervised by a clinical supervisor.
2. Direct services staff shall receive a minimum of one hour per month of supervision, or as determined by the Department.
3. At a minimum, the documentation shall contain:
 - a) Name of the person supervised and the date of supervision.
 - b) General content of the discussion.
 - c) Documentation of the follow up to concerns and activities identified in clinical supervision sessions.

- O. Personnel policies shall include qualifications, duties, and responsibilities of each staff position. The program shall adopt and enforce policies and procedures on hiring, termination, suspension, assignment, evaluation, promotion, confidentiality, and prohibiting personal involvement with residents.

P. Resident record

Each resident's individual record shall contain, at a minimum, the following:

1. An identification face sheet which includes:
 - a) Last, first, middle, maiden names;
 - b) Home address;
 - c) Date of birth;
 - d) Race, gender, marital status;
 - e) Admission date;
 - f) Discharge date;
 - g) Social security identification number;
 - h) Resident record number;
 - i) Telephone number of referral agency; and
 - j) Emergency information including the name, address, and telephone number of the person to be contacted in an emergency and the name, address, and telephone number of the resident's physician;
2. A signed statement from the resident, or a person legally responsible, granting permission to seek emergency care from a hospital or physician;
3. Documentation of resident's orientation to the facility and program, including procedures for filing complaints and grievances;
4. Documentation that all required consent forms are signed and dated by the resident, legal guardian and program staff
5. Documentation of the pre-admission, qualifying diagnosis, screening and assessment;
6. Documentation that the resident was informed of his or her legal, civil, and human rights;
7. A written treatment plan or recovery plan within seven days of the admission for long-term residential programs and within forty eight hours for short-term residential programs;
8. Documentation attesting to resident's involvement in the following:
 - a) The resident's presence during the development of the treatment plan or recovery plan, as well as that of the resident's parent or legal guardian, as necessary;
 - b) The resident's opportunity to participate and comment in the development of the treatment or recovery plan. The resident's parent or legal guardian shall be given the opportunity to give input, as necessary;

- c) The resident's participation in revising or updating the treatment or recovery plan.
- 9. Daily documentation of progress toward goals;
- 10. Documentation of services provided;
- 11. Documentation of a medical examination or written evidence of a physical examination conducted within thirty days prior to admission. For programs providing services to children and adolescents with mental health services, a physical examination is required within forty-eight hours after placement, in the event of an emergency;
- 12. Documentation that a physician was consulted for all illnesses and injuries, of concern to the resident or staff, within five days from the date the condition was first reported.
- 13. Resident record shall contain the following medical information:
 - a) Documentation of medical or physical diagnosis, including allergies to food or medication;
 - b) Documentation of tuberculin skin test conducted according to Department requirements. If positive, documentation that appropriate medical follow-up has been obtained;
 - c) Documentation of dental treatment for any resident requiring dental care;
 - d) A copy of a current immunization record, for programs with children and adolescents. If immunizations are not up to date, the program shall make every effort to have the child or adolescent's immunizations updated unless a parent refuses due to religious preferences or it is medically contraindicated by a physician;
 - e) Documentation of medication orders and a complete record of each medication utilized by the resident;
 - f) Documentation of all orders for and results of lab test; and
 - g) Documentation of height and weight recorded on admission and at least quarterly thereafter.
- 14. A completed discharge summary, entered into the resident's record within two weeks after discharge, including but not limited to:
 - a) The date of admission;
 - b) Description of the condition of the resident at admission;
 - c) Services provided;
 - d) Discharge placement, including the name, address, and telephone number of the program, agency, or individual who will be responsible for the resident's continuing care if applicable;
 - e) Rationale for discharge;
 - f) The resident's treatment and rehabilitation status or condition at discharge; and
 - g) The instructions given the resident about a continuing service plan and follow-up.

Q. Fiscal

The program shall have in place fiscal policies and procedures that shall include:

1. Maintenance of financial records including an annual budget showing income and expenditures.
2. Provisions for an independent examination of the program's financial records, with documentation of such to be available for inspection by the appropriate agencies; and
3. Additional policies and procedures addressing the following:
 - a) Management of the program's funds;
 - b) Any insurance policies secured by the agency to protect funds; and
 - c) Donations accepted by the service provider or program.
4. Financial information including:
 - a) Charges for services, which shall be based on knowledge of direct and indirect costs;
 - b) An established fee schedule that is available to residents in printed form when fees are charged for services; and
 - c) A procedure for identification, accountability, documentation of money transfers, and safeguards of funds belonging to residents shall be implemented if the program is responsible for funds belonging to residents.

R. Linkages

1. The service provider shall facilitate medical, psychiatric, and any other specialized services or consultation in cooperation with the resident and appropriate individuals or agencies. For those residents recovering from substance abuse, the primary counselor or aftercare counselor will assist to enhance maintenance of sobriety and independent living.
2. The program shall develop and maintain current service agreements, as appropriate for referrals to more or less intensive levels of care such as counseling services, supportive programs, agencies, and other community resources to ensure continued progress towards independence and rehabilitation.
3. Each therapeutic living program shall provide or have access to the following services:
 - a) Individual, group, or family therapy for each resident;
 - b) Educational counseling or vocational counseling as appropriate, including academics and school for child and adolescent residents;
 - c) Nutrition education;
 - d) Referrals to supportive services including self-help groups, legal counseling, vocational training, and placement;
 - e) Community resources for financial and employment assistance, housing, and other specialized services; and

- f) Programs providing services for pregnant women recovering from substance abuse or such women with children, prenatal care and well childcare shall be provided.

S. Nondiscrimination

The program shall have a policy and procedure complying with all federal and state laws prohibiting discrimination against any person on the grounds of race, color, national origin, religion, creed, gender, sexual orientation, age, or disability. The program shall provide access to persons regardless of their ability to speak English.

T. Admission and discharge

The program shall have policies and procedures for residents, which include:

1. Intake process.
2. Admission criteria.
3. Documentation of eligibility at prescreening or preadmission.
4. Documentation of ineligibility and referral when appropriate.
5. Updating of appropriate individuals or agencies, as appropriate, of the transition and discharge.
6. Discharge summary.

U. Residents' rights

The program shall have the residents' rights policies and procedures governing the legal, civil, and human rights and policies in the residents' orientation including:

1. Procedures for handling complaints and grievances of residents.
2. Documentation of consent to program services.
3. Financial information.
4. The need for and use of an interpreter.

V. Confidentiality

The service provider shall have policies and procedures dealing with confidential nature of information regarding residents. The policies requiring written consent for the release of confidential information to persons or agencies shall conform to applicable law, including as appropriate 42 C.F.R. Part 1 and Part 431, subpart F, chapter 323C, HRS; and sections 325-101 and 334-5, HRS.

1. Appropriate resident records shall be readily accessible to those staff members who provide services directly to the resident.
2. The service provider shall provide sufficient facilities for the storage, processing, and security of all records and data, which shall include suitably locked and secured rooms and files.

3. If a program stores data on automated information systems, security measures shall be developed to prevent inadvertent or unauthorized access to data files. The security measures shall be documented in the operating manual.

W. Research policy

A therapeutic living program that includes human-subject research in its objectives or allows itself to be a resource for research shall have written policies and procedures addressing the purpose and conduct of all research utilizing the program's staff, residents, or services. The written policies and procedures shall require informed consent for all research activities and shall be subject to review and approval of a qualified Internal Review Board in accordance with 45 C. F. R. Part 46.

Part 2:

Specific Requirements by Type of Therapeutic Living Program

In addition to the requirements in Part 1, therapeutic living programs shall comply with the Therapeutic Living Programs requirements described below and Sections I, II, and/or III according to the target populations served.

Therapeutic Living Programs:

- A. Therapeutic living programs shall serve persons recovering from substance abuse who require a residential setting less structured than that of an STF. The program shall aid residents in meeting basic needs and provide supportive services through an individualized recovery and discharge plan.
- B. A strength and needs-based assessment shall be performed or obtained upon admission and a recovery plan shall be based on the assessment.
- C. A recovery plan shall contain, at a minimum, the following:
 1. Goals to be attained while the resident is in the program;
 2. Measurable recovery objectives;
 3. A summary of the services and activities provided to enable attainment of goals; and
 4. Regular time periods for the plan to be revised.
- D. The program shall have policies and procedures, which shall contain, at minimum, the following:
 1. The formulation of discharge plans; and
 2. Six months of ongoing monitoring of the status of discharged residents.

I. Transitional residential living programs for adults

These programs provide residential living to residents who are currently receiving substance abuse treatment in a day or outpatient program or have been clinically discharged from treatment yet still are in need of supervision and a clean and sober living environment.

A. Staffing requirements

1. A minimum of one direct services staff member with a current first aid certificate and CPR training shall be present in the program when residents are present in the program.
2. For non-therapeutic program hours, the program shall have sufficient staff, as approved by the Department, to ensure the safety, health, and delivery of the services.
3. The program's staffing pattern shall include a fully certified program administrator pursuant to 321-193 (10), HRS or consultative services on a regular basis from a substance abuse professional.
4. All direct service staff shall be familiar with substance abuse treatment and recovery issues. The staff shall also be familiar with practices including knowledge of relapse prevention, vocational rehabilitation, case management, life skills, and community resources.
5. All direct service staff shall receive supervision no less than once per month.
6. All direct service staff shall have training in and be familiar with current procedures and practices, intake, admission, and referral of residents.

B. Program services

1. All residents in the same transitional residential living program house shall be adults of the same gender.
2. A minimum of fifteen hours a week of face-to-face supportive psychosocial services shall be provided to each resident each week. The service shall be based on a resident assessment and recovery plan and shall address the physiological, psychological, and social, aspects of recovery.
3. A resident recovery plan shall be prepared within seven days of admission by program's staff in cooperation with the resident and, when applicable, staff of any outpatient or day treatment program serving the resident.
4. Services provided on-site or through resources in the community shall include vocational rehabilitation, substance abuse education, recreation therapy, life skills, self-help meetings, and case management.
5. Supportive activities include, but are not limited to, needs assessment, individual and group skill building, referral and linkage, and case management. Services provided through resources in the community may include individual and group counseling and family counseling when appropriate.

6. Implementation of the recovery plan including contacts and a weekly progress note shall be documented in the resident record.
7. The program shall provide or arrange for primary medical care for all residents.
8. The program shall provide or arrange for prenatal care for all pregnant women.

II. Transitional residential living programs for adolescents

These programs provide residential living for residents who are without appropriate living alternatives, who need staff supervision, and who are currently receiving substance abuse treatment in a day or outpatient program or have been clinically discharged from treatment yet still are in need of supervision and a clean and sober living environment.

A. Staffing requirements.

1. Adequate supervision of the residents shall be provided at all times.
 - a) At a minimum, no fewer than two staff members shall be present in the program twenty four hours a day, seven days a week;
 - b) When residents are present and awake, a minimum of one on-duty staff member shall provide continuous supervision for every five residents; and
 - c) During sleeping hours, a minimum of one awake on-duty staff shall provide supervision for each group of ten residents.
2. At a minimum, one direct services staff member with a current first aid certificate and CPR training shall be present in the program when residents are present in the program.
3. All direct services staff shall receive supervision no less than once per month.
4. All direct services staff shall be familiar with substance abuse treatment and recovery issues. The staff shall also be familiar with practices including knowledge of relapse prevention, vocational rehabilitation, case management, life skills, and community resources.
5. All direct services staff shall have training in and be familiar with current procedures and practices, intake, admission, and referral of residents.
6. The program's staffing pattern shall include a fully certified program administrator pursuant to 321-193 (10), HRS or consultative services on a regular basis from a substance abuse professional.
7. Staff shall have training in order to maintain the requirements and qualifications of their positions.
8. All staff providing services shall be familiar with substance abuse treatment and recovery issues and practices including knowledge of the biopsychosocial dimensions of substance abuse, resident education on substance abuse and relapse prevention, vocational rehabilitation, case management, life skills, and community resources.

9. Direct services staff shall have training on current program procedures and practices in order to meet all aspects of admission, treatment care, and referral of residents.
10. Direct services staff shall receive specialized training in adolescent development and therapeutic techniques in working with adolescents.
11. The program shall provide sixteen hours of training in adolescent management techniques, human growth and development, and adolescent substance abuse to staff on an annual basis.

B. Program services.

1. All residents in each housing unit of the program shall be adolescents of the same gender.
2. A minimum of fifteen hours per week of face-to-face supportive psychosocial services, including a minimum of one hour of individual supportive counseling, shall be provided to each resident each week. The service shall be based on a resident assessment and recovery plan and shall address the physiological, psychological, and social, aspects of recovery.
3. Staff members shall prepare a recovery plan within seven days of admission. The resident, the resident's parent or guardian when applicable, and staff of any outpatient or day treatment program serving the resident shall participate in the development of this plan.
4. Services provided on-site or through resources in the community shall include, but not be limited to: vocational rehabilitation, substance abuse education, recreational therapy, life skills, self-help meetings, and case management.
5. Supportive activities include, but are not limited to, needs assessment, service planning, individual and group skill building, referral and linkage, case management, resident support and advocacy, monitoring, and follow-up.
6. Services provided through resources in the community may include, but are not limited to: individual and group counseling and family counseling as appropriate.
7. Implementation of the recovery plan shall be documented in the resident record, and contacts shall be noted.
8. The program shall have a written policy that assures access to appropriate educational services for each adolescent. Quarterly progress reports of the educational services provided shall become a part of the resident record.
9. Behavior management techniques
 - a) The rights of the resident shall be protected at all times;
 - b) The program shall have written policies prohibiting the use of abusive and punitive methods in managing resident behaviors, as well as methods implemented for staff convenience;
 - c) All behavior management shall be addressed in the recovery plan.
 - d) All behavior management shall be developmentally appropriate and reasonable to the resident's age. All behavior management shall be limited to

the least restrictive appropriate method and administered by direct care staff;
and

- e) The program shall show evidence that the resident and the resident's legal guardian had the opportunity to ask questions in reference to the behavior management techniques.

III. Transitional residential living programs for women with child(ren)

These programs provide residential living services to residents who are currently receiving substance abuse treatment in a day or outpatient program, or who have been clinically discharged from treatment yet still need supervision and a clean and sober living environment.

A. Staffing requirements

1. Staff shall be on-site twenty-four hours per day, seven days per week.
2. At a minimum, one staff member shall be present in the program for every ten residents.
3. The program's staffing pattern shall include a fully certified program administrator pursuant to section 321-193 (10), HRS or consultative services on a regular basis from a substance abuse professional.
4. At a minimum, one direct services staff member with a current first aid certificate and CPR training, and infant CPR training for those programs working with infants and children, shall be present in the program when residents are present in the program.
5. All direct services staff shall receive supervision no less than once per month.
6. Staff shall have training to maintain the requirements and qualifications of their positions.
7. All staff providing direct care services shall be familiar with substance abuse and recovery issues including resident education on substance abuse, relapse prevention, vocational rehabilitation, case management, life skills, and community resources.
8. Staff shall have training on current program procedures and practices, in order to meet all aspects of admission, therapeutic living services, and the referral of residents.
9. Programs that provide childcare in which parents are not on site must comply with childcare staffing requirements pursuant to sections 346-151, 346-161, HRS.
10. Staff shall be trained in supporting normal development and developmentally appropriate behavior management techniques.

B. Program Services

1. All residents in the program shall be pregnant women or women with child(ren).

2. A minimum of fifteen hours a week of face-to-face supportive psychosocial services shall be provided to each resident each week. The resident's recovery plan shall determine the services, which shall include a minimum of one hour of individual counseling each week.
3. Staff members shall prepare a recovery plan within seven days of admission. The resident, the resident's parent or guardian when applicable, and staff of any outpatient or day treatment program serving the resident shall participate in the development of the plan.
4. The recovery plan shall identify barriers to independent, sober living as well as goals to be attained while the resident is in the program.
5. Services provided on site or through resources in the community may include but are not limited to, parenting skills, vocational rehabilitation, substance abuse education, recreational therapy, life skills, self-help meetings, and case management.
6. Supportive activities include, but are not limited to, needs assessment, individual and group skill building, referral and linkage, and case management. Based on the resident assessment, services provided through resources in the community may include individual, group, and family counseling.
7. Implementation of the recovery plan, including contacts and a weekly progress note, shall be documented in the resident record.
8. The program shall provide or arrange for the following services:
 - a) Primary medical care for adult resident;
 - b) Sufficient case management and transportation services to ensure that residents have access to services provided as described in this subsection; and
 - c) Referrals for the following services shall be included, when appropriate, and coordinated with all other treatment providers involved.
 - 1) Referral for prenatal care;
 - 2) Childcare while the women are receiving primary medical or prenatal care;
 - 3) Primary pediatric care, including immunization for children and development screening;
 - 4) Therapeutic interventions, which may, at a minimum, address developmental needs, and issues of sexual and physical abuse and neglect, for children in custody of women in the program; and
 - 5) Sufficient case management and transportation services to ensure that the children have access to services as described in this subsection.
9. The program shall develop standards to evaluate the appropriateness of admitting a resident's child(ren). A decision regarding the admission shall be based on these standards and documented in the child(ren)'s and resident's record
10. When services are provided for each child admitted to the program, the program shall develop a recovery plan for the family that shall identify the resident's family, support and advocacy needs.

11. The program shall provide support to the parent in interacting positively with his or her child and shall document areas of strength and concern.
12. The program shall provide or arrange for an initial health assessment for each child admitted into the program within two weeks of admission or as recommended by the child's pediatrician. The dates and results of the assessment shall be documented in the child's record.
13. The program shall consult with Child Protective Services, when applicable, and document that agency's goals and objectives for the child or parent while in the program. When applicable, a collaborative written working agreement shall be developed which delineates responsibilities of the program, the resident, and Child Protective Services.
14. The program shall provide a recovery plan for the child which:
 - a) Establishes and documents the goals and objectives for the child's development and progress, in the parent and child's recovery plan, while in the child-care program.
 - b) Assists the parent in goal setting for the child's behavior and development while in the program. These goals shall be documented in the parent and child's recovery plans.
 - c) Weekly appointments involving the parent and program staff shall be scheduled to review the goals and objectives established in the child's and parent's recovery plan.
 - d) Provides the child a variety of developmentally appropriate learning and play materials. The materials shall be culturally relevant and promote social, developmental, and intellectual abilities; and
 - e) Case management for the child and for the parent and child family unit shall be provided and documented.

* **Sentinel event** includes but is not limited to:

- 1) Any inappropriate sexual contact between residents, or credible allegation thereof;
- 2) Any inappropriate, intentional physical contact between residents that could reasonably be expected to result in bodily harm, or credible allegation thereof;
- 3) Any physical or sexual mistreatment of a resident by staff, or credible allegation thereof;
- 4) Any accidental injury to the resident or medical condition requiring transfer to a medical facility for emergency treatment or admission;
- 5) Adverse medication errors and drug reaction;
- 6) Any fire, spill of hazardous materials, or other environmental emergency requiring the removal of residents from the facility;
- 7) Any incident of elopement by a resident;
- 8) Arrest for other than truancy;
- 9) Illegal alcohol or drug use;
- 10) Suicidal gestures;
- 11) Significant self injury or self mutilation;
- 12) Physical restraint, chemical restraint, and seclusion; or
- 13) Resident death.

Partner Abuse and Sexual Assault Risk Assessment Guidelines

A. Questions Relating to Partner Abuse

1. In what ways, if any, has a partner (or ex) ever verbally abused you (called you names, humiliated you in public, screamed at you, blamed you for everything, lied, made empty promises, etc.)?
2. In what ways, if any, has a partner (or ex) ever physically hurt you (slapped, punched, shoved, choked, threatened with weapons, or otherwise hurt you)?
3. In what ways, if any, has a partner prevented you from seeking support (insisting on taking you to your appointments, speaking for you, answering doctors, counselor, pastors for you, keeping the car from you)?
4. In what ways, if any, has a partner (or ex) ever psychologically abused or terrorized you (For example, kept you from seeing family/friends, threatened to hurt or kill you or loved ones, controlled your life, interrogated you, controlled money, destroyed your belongings, accused you of having affairs, smashed things, kept you up at night, punched walls, had affairs, or caused you to be fired from a job)?
5. In what ways, if any, has your life and safety ever been in danger because of an intimate partner or ex-partner? Are you safe now?
6. In what ways, if any, have you ever been stalked by a partner or ex-partner (following you or keeping track of your activities, causing you to feel intimidated or concerned for your safety)?
7. In what ways, if any, has a partner (or ex) ever forced you to have sex or perform sexual acts in such a way that caused you either distress, harm, fear, or humiliation?

B. Questions Relating to Sexual Assault

1. In what ways, if any, has anyone made sexual comments to you that made you feel uncomfortable?
2. In what ways, if any, has anyone ever had sexual contact with you without your consent or against your will?
3. In what ways, if any, have you ever been stalked? For example, has anyone followed you or kept track of your activities causing you to feel intimidated or concerned for your safety?
4. In what ways, if any, have you been forced to witness or perform humiliating or degrading sexual acts?

C. Questions Relating to Substance Abuse

1. Explain why, if ever, you've felt you should cut down on drinking or drug use?
2. When, if ever, have people complained about your drinking or drug use?
3. In what ways, if ever, have you felt guilty about your drinking or drug use?
4. In what ways, if ever, has your drinking or drug use caused family, job or legal problems?
5. How often, if ever, have you had a drink or drug in the morning ("*eye opener*") to steady your nerves or to get rid of a hangover?
6. Which, if any, drugs (not prescribed by a physician) do you take?
7. Describe times of memory loss (blackout) related to drug or alcohol use.
8. Has a doctor ever advised you to reduce your use or to quit using alcohol or drugs?
9. What, if any, treatment have you ever received for drug or alcohol abuse?

D. Questions Relating to Mental Health

1. Have you lost interest in things you used to enjoy?
2. Do you have difficulty falling or staying asleep?
3. Do you ever excessively diet, exercise or force yourself to vomit after eating?
4. Have you ever experienced or witnessed anything which caused you to feel either extreme fear, helplessness or horror?
5. During your childhood, described any of the following which you experienced:
 - Emotional or psychological injury inflicted by others
 - Parental neglect, abandonment, violence or substance abuse
 - Physical injury inflicted by others
 - Sexual abuse
 - Verbal abuse or putdowns
6. Describe any thoughts you have ever had about hurting or killing yourself and when this occurred. Do you plan to hurt yourself? If so, how and when?
7. How often, if ever, have you ever seen a counselor, therapist or psychologist?
8. What, if any, psychiatric medications have ever been prescribed for you?
9. How many times, if ever, have you been hospitalized for psychiatric reasons and why?

Important Website Addresses

ADAD does not intend this reference to be an exhaustive list of substance abuse treatment Website addresses. APPLICANTS are encouraged to utilize additional resources should more information be needed. Please also note that Website addresses may change periodically.

I. ADAD-Related Regulations.

Code of Federal Regulations (CFR):

<http://www.access.gpo.gov/nara/cfr/cfr-table-search.html>

- **42 CFR Part 2** -- Confidentiality of Alcohol and Drug Abuse Patient Records
www.access.gpo.gov/nara/cfr/waisidx_01/42cfrv1_01.html
- **45 CFR Part 96** -- Substance Abuse Prevention and Treatment Block Grants; Interim Final Rule
www.access.gpo.gov/nara/cfr/waisidx_01/45cfr96_01.html

Public Law (P.L.):

<http://www.access.gpo.gov/nara/nara005.html>

- **P. L. 102-321 – Subpart II** Block Grants for Prevention and Treatment of Substance Abuse
<http://www.samhsa.gov/centers/csat/content/UBGAS/PLaw102.htm>

Hawaii Revised Statutes (HRS):

www.capitol.hawaii.gov/site1/docs/docs.asp?press1=docs

- **Chapter 321, Title 19, HRS** – Department of Health (Index)
http://www.capitol.hawaii.gov/hrscurrent/vol06_ch321-344/hrs321/hrs_321.htm
- **325-101 HRS** -- Confidentiality of HIV Records
www.capitol.hawaii.gov/hrscurrent/Vol06_Ch321-344/hrs325/HRS_325-101.htm
- **328K HRS** -- Smoking
www.capitol.hawaii.gov/hrscurrent/Vol06_Ch321-344/hrs328k/
- **Chapter 334 HRS** – Mental Health, Mental Illness, Drug Addiction, and Alcoholism (Index)
http://www.capitol.hawaii.gov/hrscurrent/vol06_ch321-344/hrs334/hrs_334.htm
- **577 HRS** -- Adolescents and Confidentiality
www.capitol.hawaii.gov/hrscurrent/Vol12_Ch501-588/hrs577/

Hawaii Administrative Rules (HAR), Department of Health

<http://mano.icsd.hawaii.gov/doh/rules/ADMRRULES.html>

- **Title 11, Chapter 98 HAR** -- Special Treatment Facility License
<http://mano.icsd.hawaii.gov/doh/rules/11-98.pdf>
- **Title 11, Chapter 175 HAR** -- Mental Health and Substance Abuse System
<http://mano.icsd.hawaii.gov/doh/rules/11-175.pdf>

II. Government Resources

Hawaii

- **Alcohol and Drug Abuse Division (ADAD)**, Department of Health
http://www.hawaii.gov/health/resource/drug_abuse.html
- **Department of Commerce and Consumer Affairs**
<http://www.hawaii.gov/dcca/breg-seu/related.html>

National

- **Center for Substance Abuse Prevention (CSAP)**, SAMHSA
<http://www.samhsa.gov/centers/csap/csap.html>
- **Center for Substance Abuse Treatment (CSAT)**, SAMHSA
<http://www.samhsa.gov/centers/csat/csat.html>
- **Drug-Free Workplace Program** -- SAMHSA's model program and resource
http://workplace.samhsa.gov/frames/frame_starting.htm
- **National Clearinghouse for Alcohol and Drug Information (NCADI)**, SAMHSA
<http://www.health.org/>
- **National Institute on Alcohol Abuse and Alcoholism (NIAAA)**
<http://www.niaaa.nih.gov/>
- **National Institute on Drug Abuse (NIDA)**
<http://www.nida.nih.gov/>
- **Substance Abuse and Mental Health Services Administration (SAMHSA)**,
U.S. Dept. of Health and Human Services
<http://www.samhsa.gov/>